

Nicole Rothman, LCSW PLLC
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 THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. This information about you that may identify you and that 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”) and regulations promulgated under HIPAA, including the HIPAA privacy and security Rules. 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, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

(A) USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS.

We typically use and disclosure your PHI in the following ways. It is our practice to ask for your consent for these typical types of uses and disclosures. If you do not agree, we will not treat you.

- **For Treatment.** We may use your PHI for purposes of treating you and coordinating and managing your care, and may disclose your PHI for such purposes to your treating therapist’s supervisor, a consulting therapist, members of a staff team participating in the provision of services, a record custodian, a business associate, an integrated health system, a member of an interdisciplinary team, or a person acting under the supervision and control of your therapist, or to any other persons for such purposes as permitted by the Illinois Mental Health and Developmental Disabilities Confidentiality Act. For example, we may disclose your PHI to a consulting therapist to assist in determining the optimal treatment plan for you.
- **For Payment.** We may use and disclose PHI when necessary to collect sums or receive third party payment representing charges for mental health or developmental disabilities services provided to you, or, to the extent authorized by the Illinois Mental Health and Developmental Disabilities Confidentiality Act, for any other payment activities (collectively, the “Permitted Payment Activities”). For example, we may disclose PHI to your insurer as necessary to process a claim for payment or reimbursement of services provided to you. We may also disclose your PHI to a person or company that performs Permitted Payment Activities on our behalf or provides such Activities to or for us, provided we have a written agreement with such person or company that requires it to safeguard the privacy of your PHI. We will only disclose the minimum amount of PHI necessary for Permitted Payment Purposes. Where required by law, we will notify the recipient of a Permitted Payment Disclosure that disclosures in of mental health

records and communications in violation of the Illinois Mental Health and Developmental Disabilities Confidentiality Act may be subject to civil and/or criminal liability.

- **For Health Care Operations.** We may use or disclose your PHI in order to support certain health care operations to the extent permitted by the Illinois Mental Health and Developmental Disabilities Confidentiality Act (the “Permitted Health Care Operations”). Examples of Permitted Health Care Operations disclosures include the following: disclosures to persons conducting peer review of the service being provided, disclosures to a record custodian for record storage and related services, disclosures to an attorney or advocate consulted by us concerning our legal rights or duties in relation to you or the service being provided, or disclosure of your PHI to a person or company engaged by us to create de-identified information. When we disclose your PHI without your authorization to a person or company that performs Permitted Health Care Operations on our behalf, or provides Permitted Health Care Operations to or for us, we will put in place a written contract with the person or company that requires it to safeguard the privacy of your PHI. We will only use and disclose the minimum PHI necessary for Permitted Health Care Operations purposes.

(B) OTHER PERMITTED USES AND DISCLOSURES.

We are allowed or required to share your PHI in other ways, as set forth below. Generally these ways contribute to public good. We typically have to meet many conditions in the law before we can share your PHI for these purposes.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we 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.

Without Authorization. Applicable law and ethical standards permit us to use and disclose information about you without your authorization only in a limited number of situations. **Following is a list of the types of disclosures we may make without your authorization:**

- **Illinois Law for Clinical Social Workers.** Under Illinois Law a licensed clinical social worker may not disclose any information that we may have acquired while attending to you in a professional capacity without your written permission, except (i) in the case of your death or disability, with the written permission of any of the following individuals to the extent such individual has authority to act on behalf of you or your estate: your personal representative, a person with authority to sue on your behalf, or the beneficiary of an insurance policy on your life, health or physical condition; (ii) when a communication reveals that you intend to commit certain crimes or harmful acts; (iii) in certain circumstances, when you waive the privileged nature of communication by bringing public charges against us; (iv) in certain circumstances, when we acquire the information during an elder abuse investigation; or (v) as permitted under the Mental Health and Developmental Disabilities Confidentiality Act.
- **Illinois Law for Mental Health Confidentiality.** Under the Mental Health and Developmental Disabilities Confidentiality Act, we may not disclose your mental health or developmental disability information (not including personal/psychotherapy notes) without your written permission except as follows: (i) to the attorney of a recipient who is a minor in a court or administrative proceeding upon court or administrative order; (ii) upon court order for a deceased recipient's records; (iii) to enable you to receive benefits in certain cases when we are unable to obtain your written permission (you will be informed of any such disclosure); (iv) pursuant to a review of us for purposes of licensure, evaluation or other similar health oversight purposes by certain health oversight agencies authorized by the Illinois Mental Health & Developmental Disabilities Confidentiality Act ; (v) to a regional human rights authority

in certain cases pursuant to an investigation or its monitoring of recipient rights or services; (vi) to the Guardianship and Advocacy Commission when inspecting complaints in certain circumstances; (vii) to the Inspector General of the Department of Children and Family Services in connection with certain investigations in certain circumstances; (viii) to certain parties when mental health or developmental disability services are provided pursuant to the Illinois Sexually Violent Persons Commitment Act; (ix) in certain judicial or administrative proceedings when the recipient's mental condition or related treatment is an element of the claim or defense; (x) in certain judicial proceedings following a recipient's death when the recipient's mental or physical condition is an element of the claim or defense; (xi) in certain judicial or administrative proceedings involving a claim of recipient injury from mental health or developmental disability services the recipient received; (xii) in certain judicial or administrative proceedings involving court-ordered examination of the recipient; (xiii) in certain probate proceedings; (xiv) in certain judicial proceedings where involving court-ordered treatment of the recipient; (xv) in certain judicial or administrative proceedings involving the validity of or benefits under an insurance policy; (xvi) in judicial proceedings brought pursuant to the Illinois Mental Health and Developmental Disabilities Confidentiality Act; (xvii) in certain homicide investigations and proceedings; (xviii) to a coroner investigating a recipient's death; (xix) in certain proceedings under the Illinois Juvenile Court Act; (xx) in certain circumstances, to the local law enforcement authority in certain cases when a mental health facility releases a recipient of services; (xxi) to the Inspector General of the Department of Human Services in certain investigations authorized by the Department of Human Services Act or during an assessment authorized by the Abuse of Adults with Disabilities Intervention Act; (xxii) pursuant to the Illinois Abused and Neglected Child Reporting Act, the Children and Family Services Act, or the Child Care Act of 1969; (xxiii) in certain civil commitment proceedings; (xxiv) in certain cases to protect the recipient or another person's health or safety, including but not limited to, in certain cases as necessary to warn or protect a specific individual against whom you have made a specific threat of violence; (xxv) in certain emergency treatment cases; (xxvi) in certain proceedings and investigations pursuant to the Illinois Mental Health and Developmental Disabilities Code; (xxvii) pursuant to certain Census Bureau requirements; (xxviii) in certain cases pursuant to the Illinois Sex Offender Registration Act; (xxix) pursuant to the Illinois Rights of Crime Victims and Witnesses Act; (xxx) in certain situations, pursuant to certain requests by the United States Secret Service or the Department of State Police; (xxxi) in certain situations, to the Department of State Police and the Department of Human Services in connection with the Illinois Firearm Owners Identification Card Act; (xxxii) to a requesting peace officer who transports a recipient to or from a mental health or developmental disability facility; (xxxiii) to a peace officer or prosecuting authority investigating a criminal offense or pursuing a fugitive; (xxxiv) to law enforcement and investigating agencies when suspected criminal violation or other serious incident within a mental health or developmental disability facility; (xxxv) to the local law enforcement agency in certain cases of unauthorized recipient absence from a mental health or developmental disability facility; (xxxvi) to the law enforcement agency investigating a missing person report with respect to a recipient admitted to a mental health or developmental disability facility; and (xxxvii) to a law enforcement agency investigating a felony or sex offense; (xxxviii) in connection with a health information exchange, or its business associate, including disclosure to the Illinois Health Information Exchange Authority or its business associate, for health information exchange purposes permitted by applicable law; (xxxix) in certain cases, pursuant to the Abuse of Adults with Disabilities Intervention Act; (xxxix) to a person or entity, other than a member of our workforce, that performs functions or activities regulated by the HIPAA privacy rule on our behalf or provides certain services to us, to the extent permitted by the Illinois Mental Health and Developmental Disabilities Confidentiality Act, and provided we put in place a written contract with such person or entity requiring it to safeguard the privacy of your PHI With respect to certain of the above exceptions, Illinois or federal law may impose additional conditions on a disclosure, or only permit limited mental health or developmental disability information to be disclosed. With limited exceptions, Illinois law generally restricts re-disclosure of mental health or developmental disability information. To the extent Illinois or Federal laws and regulations provide further restrictions for other

healthcare information, including, but not limited to, genetic testing, substance abuse, HIV testing or status, we will only disclose such information as permitted under applicable laws and regulations.

(C) OTHER USES AND DISCLOSURES WITH YOUR WRITTEN AUTHORIZATION.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at 155 N. Michigan Ave., Suite 500A, Chicago, Illinois 60601:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies, unless you are indigent, in which case, one copy shall be furnished to you at no charge. 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 Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and may seek a court order to compel modification. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI, but we will not go back more than 6-years before the date of your request. We may charge you a reasonable cost-based fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for any treatment, payment, or health care operations for which we are not otherwise required to obtain your authorization. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out any such payment or health care operations purposes, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we are required to notify you of this breach, including what happened and what you can do to protect yourself.

- **Right to a Copy of this Notice.** You have the right to a paper copy of this notice even if you have agreed to receive the notice electronically.
- **Right of Minors and Guardians to Inspect and Copy Records.** If you are a recipient of mental health or developmental disabilities services and if you are age 12 or older, you have an unqualified right to inspect and copy your records. The following persons also generally have this right: (i) your guardian if you are age 18 or older; (ii) an appointed agent under a power of attorney for health care which authorizes record access; (iii) your parent or guardian if you are under age 12; (iv) your parent or guardian if you are, at least, age 12 but under age 18 and if certain conditions are satisfied; and (v) a guardian ad litem representing you in any judicial or administrative proceeding if you are age 12 or older under certain conditions.
- **Right of Minors to Object to Disclosure to Parents or Guardians.** If you are a minor at least 12 years of age but under 18 years of age who receives mental health or developmental disability services, your parent or guardian may inspect and copy your records if you are informed and do not object or if the therapist does not find that there are compelling reasons to deny access. Should your parent or guardian be denied access by either you or the therapist, your parent or guardian may petition a court for access.
- **Minor's Right to Restrict Disclosure of Drug or Alcohol Abuse.** If you are a minor who has sought counseling regarding your own drug or alcohol abuse, or that of a family member, and you have come into contact with a sexually-transmitted disease, these professionals may not inform your parent, parents, guardian, or other responsible adult of your condition or treatment without your written permission. However, please note that, if otherwise permitted by law, these professionals may disclose such information to your parent, parents, guardian, or other responsible adult without your written permission if such action is, in the person's judgment, necessary to protect your safety or that of a family member or other individual.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at 155 N. Michigan Ave., Suite 500A, Chicago, Illinois 60601, or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

The effective date of this Notice is May 6, 2019.