NOTICE OF PRIVACY POLICIES

Date: January 1, 2020

Privacy Officer: Quality Assurance Manager

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

Information obtained about you during treatment at this practice could be classified as health information under the federal Health Insurance Portability and Accountability Act (HIPAA). We are required by law to issue you a copy of our Notice of Privacy Practices. We respect and understand the privacy of your personal information and assure you that we will make reasonable efforts to protect the confidentiality of your protected health information (PHI) at this practice. At HCFW we utilize electronic medical records and electronic billing services both approved by HIPPA and is deemed compliant means of holding PHI information.

Who Will Follow This Notice

Any health care provider authorized to obtain identifiable health information to enter into your treatment record, anyone at this practice (e.g., staff, all employees, and other personnel) who may need access to your health information is bound by this notice. All business associates, subsidiaries, sites and locations, of this practice can share health information for the purpose of treatment, payment, or health care operations outlined in this notice. However, only the minimum amount of health information needed to accomplish the intended purpose, disclosure, or request will be shared in order to protect your privacy. Keep in mind, however, that State law regarding mental health and developmental disabilities records and communication, regarding the practice of counseling and social work, regarding substance abuse matters, and regarding certain other health issues – as well as federal laws about substance abuse matters – may be even more restrictive about disclosure of clients' health information than the HIPAA law mention above. When those more restrictive laws apply, the HIPAA law itself says we must follow the more restrictive state and federal laws.

How We May Use and Disclose Health Information about You

The following categories describe different ways that we may use and disclose health information without your consent or authorization.

Although examples are provided for each category of use or disclosure, not every possible use or disclosure in a category is listed.

Treatment

We may use health information about you to provide you with treatment or services. Example: In counseling you about a specific problem, a counselor/therapist or supervisor may check your record to see what may have been mentioned about that problem during your intake appointment.

For Payment: We may use and disclose health information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, from an insurance company or from a third party, if you have authorized such billing. Example: We may need to send your protected health information, such as your name, address, office visit date or treatment date, and codes identifying your diagnosis and treatment to your insurance company or an identified entity responsible for submitting payment in your behalf.

For Health Care Operations

We may use and disclose health information about you for health care operations to help assure that you receive high quality care. Example: We may use health information in your records to review and supervise the services you receive and evaluate the performance of our staff in servicing you.

Other Uses or Disclosures that can Be Made without Consent or Authorization.

We may use or disclose health information about you without your prior consent or authorization only when doing so is also in accord with the State laws. Examples of such unusual situations are: If you communicate to us a specific threat of imminent harm to self and/or another individual, to forestall a serious threat to public health or safety, child abuse or neglect reporting, in certain legal proceedings when order to disclose information by a court, to our attorney if we need to discuss a legal issue related to the services we have provided to you, if you are under the age of 18, your parent or guardian has the right to certain basic information about your condition and services rendered or needed, if you are under the age of 12 years of age your parent or guardian has the right to know most information about services you receive, and business associates, each of whom has entered into a written contract with us regarding the privacy of your protected health information. We may also contact you to provide appointment

reminders and scheduling, or information about treatment alternatives or other services that may be of interest to you.

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization

Other uses and disclosures of protected health information not covered by this notice above will be made only with your written authorization. If you authorize the use and disclosure of your health information, you may revoke that authorization in writing, at any time. However, that will not take back any disclosures already made with your authorization.

Your Rights Regarding Your Health Information Complaints

If you have reasons to believe your privacy rights have been violated**,** you may file a complaint with the Privacy Officer listed above, or with the Secretary of the United States Department of Health and Human services. Complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

Rights to Request Restrictions

You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or health care operations or to someone who is involved in your care or the payment for your care except when required by law or the information is needed to provide you with emergency services. Restriction must be submitted in writing to the Privacy Officer listed above. Your request must indicate what information you want to limit, to whom you want to limit the information, and whether you want to limit our use, disclosure, or both of your health information.

Rights to Request Confidentially Communications

You have the right to request how we should send communications about your protected health information to you and where you would like those communications sent. For example, you can tell us not to phone you at school or work. Confidential communication must be requested in writing to the Privacy Officer. We will not ask the reason why for your request and will accommodate all reasonable requests. Your request must state how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.

Right to Inspect and Copy

You have the right to inspect and copy the health information that may be used to make decisions about services you receive. Usually this includes billing and formal service records, but does not include psychotherapy notes (i.e., the personal notes of your therapist/counselor); information complied for use in certain civil or administrative action proceeding; and protected health information which access is prohibited by law. To inspect and copy health information, you must submit your request in writing to the Privacy Officer at this practice. If you request a copy of the information, we reserve the right to charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. If we deny your request to inspect and copy, you may request that the denial be reviewed.

Right to Amend

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. Your request for an amendment must be made in writing to the Privacy Officer and you must provide a reason that supports your request. We may deny your request if the information was not created by us, is not part of the health information kept at this practice, if it is not part of the information that you would be permitted to inspect and copy, or if we deem the information you request to amend to be accurate and correct. If we deny your request for amendment, you have the right to file a statement of disagreement with us.

Right to an Accounting of Non-Standard Disclosures

You have the right to request a list of any disclosures we made of health information about you to outside parties. Your request must be submitted in writing to the Privacy Officer at this practice. Your request must state the time period for which you want to receive a list of disclosures that is no longer than six years, and we may not honor your request in respect to dates before April 14, 2003. Your request must indicate in what form you want the list (for example: on paper or electronically). The first list you request within 12-month period is free. For additional lists, we reserve the right to charge you for the cost of providing the list.

Right to a Paper Copy of this Notice

You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you still have the right to a paper copy. To obtain a paper copy of the current Notice, please request one in writing from our Privacy Officer.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice, with the effective date near the top of the page.

Contact Address
To contact us about an item addressed herein, please direct the inquiry to: Privacy Officer at Holistic Care for Women& Family, 1900 E. Golf Rd. Suite 950, Schaumburg, IL 60074

HOLISTIC CARE FOR WOMEN RECEIPT OF NOTICE OF PRIVACY PRACTICES

This is to certify that on the following date: _____
I have been offered a copy of the Notice of Privacy Practices of (Holistic Care for Women& Family)

Signed: _____

Printed Name: _____

Date Signed: _____

FOR OFFICE USE ONLY
On the following date:_____ the person whose name is printed above was offered a copy of the Notice of Privacy Practices but that person declined to sign this receipt.

Staff Signed: _____

Print Name: _____

Date signed: _____