



1247 Milwaukee Ave. Suite# 208 Glenview, IL. 60025~224.257.4190

HIPPA NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect patient/client confidentiality and only release confidential information about you in accordance with Illinois and federal law. This notice describes our policies related to the use of the records of your care generated by Rooted Mind Counseling Center, LLC. (RMCC).

Privacy Contact. If you have any questions about this policy or your rights, contact Soula Souflakis at (224) 257-4190.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you care, there are times when we will need to share your confidential information with others beyond RMCC. This includes for:

Treatment. We may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside RMCC that we are consulting with or referring you to.

Payment. With your written consent, information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes. You have a right to restrict certain disclosures of your protected health information if you pay out of pocket in full for the services provided to you.

Healthcare Operations. We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff.

Information Disclosed Without Your Consent. Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency you are facing.

Follow Up Appointments/Care. We will be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will leave appointment information on your voice mail or leave an email or text message unless you tell us not to.

As Required by Law. This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

Coroners. We are required to disclose information about the circumstances of your death to a coroner who is investigating it.

Governmental Requirements. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations inspections and licensure. We are also required to share information, if requested with the U.S. Department of Health and Human Services to determine our compliance with federal laws related to health care and to Illinois state agencies that fund our services or for coordination of your care.

Criminal Activity or Danger to Others. If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

CLIENT RIGHTS

You have the following rights under Illinois and federal law:

Copy of Record. You are entitled to inspect the client record RMCC has generated about you. We will charge you a reasonable fee for copying and mailing your record. There is a fee of \$.25 per page.

Release of Records. You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization. Except as described in this Notice or as required by Illinois or Federal law, we cannot release your protected health information without your written consent.

Restriction on Record. You may ask us not to use or disclose part of the clinical information. This request must be in writing. RMCC is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be given to the **Privacy Contact**.

Contacting You. You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct. We also will be glad to provide you information by email if you request it. If you wish us to communicate by email you are also entitled to a paper copy of this privacy notice.

Amending Record. If you believe that something in your record is incorrect or incomplete, you may request that we amend it. To do this, you must contact the **Privacy Contact** and ask for the *Request to Amend Health Information* form. In certain cases, we may deny your request. If we deny your request for

an amendment you have a right to file a statement you disagree with us. We will then file our response, and your statement and our response will be added to your record.

Accounting for Disclosures. You may request an accounting of any disclosures we have made related to your confidential information, except for information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding any disclosure made for a specific time period no longer than six years, please submit your request in writing to our **Privacy Contact**. We will notify you of the cost involved in preparing this list.

Notification of Breach. You have a right to be notified if there is a breach of your unsecured protected health information. This would include information that could lead to identity theft. You will be notified if there is a breach or a violation of the HIPAA Privacy Rule and there is an assessment that your protected information may be compromised.

Right to complain. If you believe your privacy rights have been violated, please contact us personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.

Changes in Policy. RMCC reserves the right to change its Privacy Policy based on the needs of the practice and changes in state and federal law.

CLIENT RIGHTS STATEMENT

As a client of RMCC you have the following rights:

1. To not be denied services on the basis of age, sex, race, religious beliefs, ethnic origin, marital status, physical or mental disability, sexual orientation, HIV status, or criminal record.
2. To services provided in the least restrictive environment available for your needs pursuant to an individualized treatment plan. You will have nondiscriminatory access to services in accordance with the American's With Disabilities Act.
3. Confidentiality of your status and records, including HIV status and testing as provided for under Illinois law.
4. RMCC has the right to limit services based on the funding we receive. This may require us to prioritize services based on the severity of your service needs. Services not covered by governmental grants are charged based on the cost of providing those services.
5. No client shall be presumed legally disabled unless declared so by a court.
6. You have the right to give an informed consent to treatment. You also have a right to refuse treatment and be told the consequences of such refusal. This could include RMCC being unable to provide services to you.

7. If you believe your rights have been violated you have a right to contact the Secretary of U.S. Department of Health and Human Services.

8. If you have a complaint about the services provided you may file a grievance by doing the following:

If you have any questions or complaints regarding these procedures, or wish to discuss the privacy policy in further detail, please contact RMCC. All complaints must be in writing. We will get back to you in a timely manner. Please direct all correspondence to:

Rooted Mind Counseling Center, LLC.
1247 N. Milwaukee Ave. Suite# 208
Glenview, IL. 60025

A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the U.S. Department of Health and Human Services (DHHS) within 180 days of when you knew or should have known that the act of omission complained of occurred. If you file a complaint, RMCC will not retaliate in any way.

I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.

Your name (please print): _____

Signature: _____ Date: ____/____/____

Signed by: __client __legal guardian __personal representative

This form will be retained in your medical records.