

Vilago Psychological Services

477 E Butterfield Rd Suite 310

Lombard IL 60148

Erica Ligons, PsyD

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on January 1st, 2022

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. Our practice is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are committed to protecting health information about you. PHI is information in any format (electronic, paper, or verbal) that typically includes your demographic information, symptoms, diagnoses, treatment, and billing related information. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

Make sure that protected health information ("PHI") that identifies you is kept private.

Give you this notice of my legal duties and privacy practices with respect to health information. This notice can also be found on our website.

Follow the terms of the notice that is currently in effect.

We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request.

Accommodate reasonable requests you have to communicate your health information by alternative means or to alternative locations.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

Treatment: Members of your Vilago Psychological Services treatment team may share information regarding your behavioral health status and progress in treatment, for the purpose of providing good continuity of care during supervision or consultation meetings at the center. Occasionally we may need to consult with other professionals in their areas of expertise in order to provide you the best treatment. Information about you may be shared in this context without using your name. Otherwise, your written consent is required to release information about your treatment to other individuals, agencies, and organizations.

Payment: We will use and disclose your health information to collect payment from you, your insurance company, or a third party for the treatment and services you receive. If necessary, we will disclose the minimum amount necessary to collect outstanding debt. We may also disclose details of your treatment to your insurance company to determine if services will be covered.

For Health Care Operations: We may use and disclose your health information for business operations including, but not limited to, the following: quality assessment and improvement activities, training programs, certification, and licensing activities.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Use and Disclosure with Your Authorization: Your written authorization is required for the use and disclosure of health information that is not covered by this notice or the laws that apply.

Revocation of Your Authorization: You may revoke your authorization at any time by submitting a written request and we will no longer disclose your health information under this authorization. Any

disclosures that we made prior to the revocation of the authorization will not be affected by the authorization.

Psychotherapy Notes. We do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For my use in treating you. b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For my use in defending myself in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. We will not use or disclose your PHI for marketing purposes.

Sale of PHI. We will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety. You will be informed, whenever possible, prior to our making the report. We will disclose your health information if there is imminent risk of harm to yourself or others. In incidences where a patient reports intent to cause physical harm to an identified person, the provider has a “duty to warn” the intended victim as well as the local authorities.

For health oversight activities, including audits and investigations.

For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.

For law enforcement purposes, we may disclose your health information to the police or other law enforcement officials as part of law enforcement activities, in investigations of criminal conduct, in response to a court order, in emergency situations, or otherwise required to do so by law.

To coroners or medical examiners, when such individuals are performing duties authorized by law.

For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

Specialized government functions/national security, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

Military and Veterans: If you are a member of the military or a veteran, we may release your health information to the proper authorities so that they may carry out their duties under the law.

For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with me. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

Individuals Involved in Your Care: If an emergency event occurs that leaves you unable to communicate with us about whom you would like contacted, we will utilize professional judgment. We will determine if a disclosure of PHI is in your best interest, who is the appropriate person to contact, and what information is relevant to their involvement in your care.

Research Purposes: We may use your health information when studying psychotherapy outcomes.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response

to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request (unless required by law), and we may say “no” if we believe it would affect your health care or the information is needed in an emergency.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

The Right to Choose How We Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record, billing records, and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so consistent with Illinois Law, for the cost of copying, mailing, and supplies associated with your request. Our center may deny your request to inspect and/or copy in limited situations. If your request is denied, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request.

Right to an Electronic Copy of Electronic Medical Records: If your health information is maintained in an electronic medical/health record format, you have the right to request that an electronic copy of your record be given to you or sent electronically to another individual or entity. Every effort will be made to provide you access to your health information in the form or format you requested. If the health information is not readily producible in the form or format you request your record will be provided in a readable hard copy form. A reasonable fee may apply. The cost-based fee would be for the preparation time/conversion associated with transmitting the electronic medical record.

The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your written request for an accounting of disclosures within 60 days of receiving your request. This list will include only the disclosures made for the time period indicated in your request but may not exceed a 6-year period prior to the date of your request. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request in writing that we correct the existing information or add the missing information. The request must state the reason/purpose of your request for amendment. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request. If your request is denied, you have the right to file a written objection that will be attached to any future disclosures of your health record.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Right to Request Confidential Communications: You have the right to request how we communicate with you about your health information, such as by alternative means or locations. For example, you may request that we only leave voicemail messages on your cell phone and not your home phone. This request must be made in writing. We will accommodate reasonable requests.

Breach of Health Information: You have the right to be notified if there is a breach of your unsecured health information.

FOR YOUR INFORMATION

Complaints: If you believe your privacy rights have been violated, you may file a complaint with Vilago Psychological Services or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint.