

HIPAA Notice of Client Privacy Policy

Effective Date: 09/01/2015

This Notice describes how information about you may be used and disclosed and how you can access this information. Please review it carefully. If you have any questions about this Notice, please contact our Chief Operating Officer, Jeff Wolfe, MM, MT-BC, at 224-307-6704 or at jwolfe@itachicago.org.

The Institute for Therapy through the Arts (ITA) is required by law to maintain the privacy of the Protected Health Information (PHI) of our clients and to abide by the terms of this Notice. We make every effort to maintain the confidentiality of our clients. We reserve the right to change the terms of this policy at any time. We will notify you in the event of any changes to this policy and will provide you with a revised copy of the Notice of Privacy Policy either via mail or in person at your request. This Notice of Privacy Policy describes how our practice and our health care professionals, employees, volunteers, trainees and staff may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are described in this notice. This notice applies to all records of your care generated by this practice. This notice also describes your rights to access and control your PHI. Information about you, which can be shared, may include 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. Your PHI may include, among other things, symptoms, assessment and examination results, diagnoses, current treatment notes and a plan for future care or treatment.

Uses and Disclosures of Protected Health Information:

ITA may use and disclose your PHI without your authorization for purposes of payment, health care operations and treatment. Your PHI may be used and disclosed by our practice and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of our practice. However, we have secure policies in place regarding the release of your PHI. Therefore, we will ask you to sign our Authorization to Release PHI form in order to disclose your PHI to any entity. Once you have signed the Authorization to Release PHI, we will use or disclose your PHI as defined by this notice and/or according to the signed Authorization to Release PHI form.

The following are examples of different ways ITA may use and disclose PHI. These are examples and this list is not exhaustive.

To Coordinate Treatment:

- appointment reminder calls to a patient's home or work
- contacting a patient's primary care doctor or specialists regarding a patient's clinical care
- assisting a patient's specialist with their treatment, payment or healthcare operations
- notifying patients of new advances or alternatives in treatment procedures that may be of benefit
- discussing a patient's condition with other Institute for Therapy through the Arts providers in effort to coordinate treatment plans

To Coordinate Payment:

- contacting insurance companies regarding payment for services
- account statements to a patient's home or calling about past due balances
- engaging a collection agency in the event of significantly past due balances with no attempt to make payment

For Healthcare Operations:

- Treatment review

- Employee performance review
- Student training
- Conducting or arranging other business practices (i.e. registration sign-in upon entry to the office, you may be called by name in the waiting room when your therapist is ready to see you)

Other Disclosures That May Be Made With Your Consent:

- To others involved in your healthcare decision making (i.e. parents, guardians, care givers)
- In the case of a physical or mental health emergency
- In the case of a communication barrier

Other Disclosures That May Be Made Without Your Consent:

- Where required by law when applicable legal requirements have been met
- To avert a serious threat to public health or safety
- In the case of abuse or neglect
- In the case of a court order or subpoena during legal proceedings
- To a coroner or medical examiner for identification
- In the case of a workers compensation claim
- If you are an inmate or on probation, to the correctional institution or law enforcement official
- In the case of suspected or threatened criminal activity to protect or lessen an imminent threat

In every circumstance, except where treatment is involved, our staff will only share the minimum information necessary to perform the required task. We will notify you of releases of PHI, when appropriate, and keep a record of these releases. Under the law, we must make disclosures to you and when requested by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

Your Rights with Respect to Your PHI:

Right to Inspect and Copy: You have the right to inspect and/or copy your medical records. This includes medical and billing records but, under federal law, does not include psychotherapy notes. We reserve the right to charge you a reasonable fee for copying and mailing records. After you have made a written request to our privacy officer, we will have 30-60 days to complete your request. Older records may be kept off site and may take up to 60 days to retrieve. If your treatment ended more than 7 years before your request, your records may have been destroyed. If we deny your request to inspect or copy your PHI, we will provide you with a written explanation of the denial. In some instances, you may have a right to have the decision to deny you access reviewed. In this case, another health care professional, chosen by ITA, will review the request and the denial. We will comply with the outcome of this review.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. The request to amend must be made in writing and submitted to our Privacy Officer. In addition, a reason that supports the request to amend must be provided. We may deny the request if it is not in writing or does not include a reason to support the request. In addition, we may deny the request if the information was not created by us, is not part of the medical information kept at this practice, is not part of the information which would be permitted to be inspected by you, or if we deem the amendment to be inaccurate or incomplete. If we deny the request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to the statement and will provide you with a copy of any such rebuttal. These statements will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of the patient's record.

Right to an Accounting: You have the right to request a list of nonstandard disclosures of PHI that were not authorized by you. A request for this list must be submitted in writing to our Office Manager. The request must state the time period for which the disclosures should be accounted. This time period can be no longer than six years, and may not include dates

before April 13, 2003. The first list requested within a 12-month period will be free. For additional lists, we reserve the right to charge a reasonable fee for the cost of providing the list. Requests will be completed within 30 days.

Though allowed by law under certain circumstances, ITA does not participate in any marketing ventures that involve selling client information to any third parties.

Right to Revoke: If you grant us authorization to use or disclose medical information, you may revoke that authorization in writing at any time. If you revoke authorization, we will thereafter no longer use or disclose that medical information for the purposes covered by that written authorization. It must be understood that we are unable to take back any disclosures we have already made with that authorization, and that we are required to retain our records of the care we have provided to our patients.

For clients receiving mental health treatment, we are required to obtain a written authorization for every release of psychotherapy notes, except for use in our legal defense, or as required by law.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose for treatment, payment or health care operations, or to someone who is involved in your care or the payment for that care. Due to certain required payment and treatment operations, as well as legally required releases (e.g. subpoenas) not all requests can be fulfilled. If we do agree, we will comply with the request unless the information is needed to provide emergency treatment. To request restrictions, the request must be submitted in writing to our Office Manager. The request must list what PHI to limit and to whom. ITA is required to inform you of the consequences whenever you refuse to release PHI.

Right to Request Confidential Communications: You have the right to request how we should send communications to you about medical matters, and where you would like those communications sent. The request must be submitted in writing to our Practice Manager. We will not ask the reason for the request. We will accommodate all reasonable requests. The request must specify how or where you should be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.

Right to a Paper Copy: Even if you received this Notice electronically, you are still entitled to a paper copy of the current Notice. Copies are available at the front desk, or by writing to the Practice Director.

Uses and Disclosures of PHI Based upon Your Written Authorization

Other uses and disclosures of your PHI not covered by this notice or required by law will be made only with your written authorization. You may revoke this authorization, in writing, at any time, except to the extent that our practice has taken an action in reliance on the use or disclosure indicated in the prior authorization.

Complaints: If you believe that your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint. You may contact our Chief Operating Office, Jeff Wolfe, MM, MT-BC, at 224-307-6704 for more information about the complaint process.

All written requests regarding the above privacy information can be made to:

Institute for Therapy Through the Arts

Attn: Jeff Wolfe

1316 Sherman Ave, STE 100

Evanston, IL 60201



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I hereby acknowledge I have received and reviewed this Notice:

Client Signature (or person acting for client)

Relationship to Client

Client Printed Name

Date