

**Jennifer Levy, LCPC, CST, PC**  
**Notice of Policies and Practices to Protect the Privacy of Your Health Information per HIPAA and Illinois State Regulations**

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

**Uses and Disclosures for Treatment, Payment and Health Care Operations:**

We may use or dispose your **protected health information (PHI)** for treatment, payment and health care operation purposes with your written authorization. To help clarify these terms, here are some definitions;

- “PHI” refers to information in your health care file that could identify you
- “Treatment, Payment, and Health Care Operations”
  - “Treatment” is when I provide, coordinate or manage your health and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your primary care physician.
  - Payment is when I obtain reimbursement for your health care. Examples of payment are when we discuss your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. **I do not bill insurance companies**, so this is not typically the issue.
  - Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement of business-related matter such as audits and administrative services, and care management and care coordination.
- “Use” applies only to activities within my office such as sharing, employing, applying, and examining information that identifies you.
- “Disclose” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.
- “Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

**Other Uses and Disclosures Requiring Authorization:**

I may disclose your PHI for purposes outside of treatment, payment or health care operations when your appropriate authorization is obtained. In those instances, when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. “**Psychotherapy notes**” are notes that I have made about conversations during a private, group, joint or family counseling sessions, which are kept separate from the rest of your record. **These notes are given a greater degree of protection than PHI.**

You may revoke all such authorization (of PHI or Psychotherapy Notes) at any time provided each revocation is in writing. You may not revoke an authorization to the extent that 1) we have relied on that authorization, or 2) if the authorization was obtained as a condition of obtaining insurance coverage; law provides the insurer the right to contest the claim under the policy.

**Uses and Disclosures without Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse** - If I have reasonable cause to believe a child known to me in my professional capacity may be an abused child, neglected or financially exploited, I must report this belief to the appropriate authorities.

**Health Oversight Activities** - I may disclose protected health information, regarding you to a health oversight agency for oversight activities authorized by law including licensure or disciplinary actions.

**Judicial and Administrative Proceedings** - If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and I must not release such information without a court order. The privilege does not apply when you are being evaluated for third parties or where the evaluation is court ordered. You must be informed in advance of this case.

**Serious Threat to Health/Safety** - If you communicate to me a specific threat of imminent harm/danger against another individual or, if I believe that there is a clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.

**Worker's Compensation** - I may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law that provide benefits for work-related injuries or illness without regard to fault.

#### **Patient's Rights and Jennifer Levy, LCPC, CST, PC Duties:**

##### **Patient's Rights:**

Right to Request Restrictions - you have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to comply with a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - you have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.

Right to Inspect and Copy - You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record and Psychotherapy Notes. On your request, I will discuss with you the details of the amendment process.

Right to Amend - You have the right to request an amendment of PHI for as long as the PHI is maintained in our record. I may deny your request. On your request, I will discuss with you the details of the request to amend your PHI.

Right to an Accounting: - You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.

Right to a Paper Copy - You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the note electronically. I do not currently have any electronic health records.

##### **Jennifer Levy, LCPC, CST, PC's Duties:**

I am required by law, to maintain the privacy of PHI and to provide you with a notice of any legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, I am required to abide by the terms currently in effect. If I revise the

policies and procedures, I will notify you with a revised notices at your next visit or upon your request.

**Questions and Complaints**

If you have questions about this notice, disagrees with a diction I make about access to your records, or have other concerns about your privacy rights you may contact Jennifer Levy, LCPC,CST at 737 North Michigan Ave. Suite 600 Chicago, IL 60611.

If you believe your privacy rights have been violated and wish to file a complaint with my office you may send a written complaint to Jennifer Levy, LCPC, CST at the address listed above. You may also send a written complaint to the Secretary of the US Department of Health and Human Services. The person listed above can provide you with an appropriate address upon request. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

**Changes to Privacy Policy**

I reserve the right to change the terms of this notice and make new provision effective for all PHI that I maintain, If the terms of this note are change, I will provide you with a revised notice at your next visit or upon request.

**PATIENT ACKNOWLEDGMENT:** I have received and reviewed the above notice:

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Patient Signature

Date