



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW THIS INFORMATION IS PROTECTED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND SIGN THE ACKNOWLEDGEMENT OF RECEIPT.

This Notice takes effect on _____ and remains in effect until we replace it. This Notice of Privacy Practices applies to persons having consented to receive evaluation and/or treatment services from us (hereinafter referred to as “patient”, “client”, or “individual served”) and, as applicable, their parent(s), legal guardian(s) or other authorized personal representatives. This Notice describes the privacy practices of Revive Psychological Services. It applies to all services provided to you at the Darien location.

1. PLEDGE REGARDING PROTECTED HEALTH INFORMATION

Revive Psychological Services is committed to protecting the privacy of patient personal and health information. We follow a mixture of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and state privacy law provisions, whichever is more stringent in safeguarding your privacy. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. Applicable Federal and State laws require us to maintain the privacy of our patients’ personal and health information. This Notice describes the ways we may use and share health information about you, our privacy practices, our legal duties, and your rights concerning your personal and health information. In this Notice, your personal or protected health information (PHI) is referred to as “health information” and includes information regarding your health care and treatment with identifiable factors such as your name, age, address, income or other financial information. We will follow the privacy practices described in this Notice while it is in effect.

2. HOW WE PROTECT YOUR HEALTH INFORMATION

WE PROTECT YOUR HEALTH INFORMATION BY:

1. Treating all of your health information that we collect as confidential.
2. Stating confidentiality policies in our staff handbooks, as well as disciplinary measures for privacy violations.
3. Restricting access to your health information only to those clinical staff who need to know your health information in order to provide our services to you.
4. Only disclosing health information that is necessary for an outside service company to perform its function on our behalf; such companies have by contract agreed to protect and maintain the confidentiality of your health information.
5. Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

3. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Revive Psychological Services may *use or disclose* your *protected health information* (PHI), for *treatment, payment, and health care operations* purposes, as long as you *consent to receive evaluation or treatment services from us*. To help clarify these terms, here are some definitions:

1. **Treatment** is when one or more clinicians provides, coordinates, or manages your health care and other services related to your health care. This definition includes when a clinician consults between health care providers in regards to your health care or the referral of a patient from one health care provider to another.
2. **Payment** is when a clinician obtains reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your health information.
3. **Health Care Operations** are activities that relate to the performance and operation of Revive Psychological Services. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination, conducting training and educational programs or accreditation activities.
4. **Use** applies only to activities within Revive Psychological Services; such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
5. **Disclosure** applies to activities outside Revive Psychological Services; such as releasing, transferring, or providing information about you to other parties.

4. USES AND DISCLOSURES REQUIRING AUTHORIZATION

Revive Psychological Services may use or disclose your health information for purposes outside treatment, payment, or healthcare operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment or healthcare operations, we will obtain an authorization from you before releasing this information.

Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice. You may not revoke an authorization to the extent that (1) the clinic has 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.

5. USES AND DISCLOSURES REQUIRING NEITHER CONSENT NOR AUTHORIZATION

REVIVE PSYCHOLOGICAL SERVICES MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:

Abuse or Neglect: If we have reason to believe that a minor child, elderly person, or disabled person has been abused, abandoned, or neglected, we have a legally duty to report this concern, or observations related to these conditions or circumstances, to the appropriate authorities.

Serious Threat to Health or Safety: If you communicate to staff personnel an explicit threat of imminent serious physical harm or death to identifiable victim(s), and we believe you may act on the threat, we have a legal duty to take the appropriate measures to prevent harm to that person(s) including disclosing information to the police and warning the victim. If we have reason to believe that you present a serious risk of physical harm or death to yourself, we may need to disclose information in order to protect you. In both cases, we will only disclose what we feel is the minimum amount of information necessary.

Research: Under certain limited circumstances, we may use and disclose health information for research purposes. All research projects, however, are subject to an institutional review board.

Specialized Government Functions: We may be required to disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may be required to disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may be required to disclose health information to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.

Judicial and Administrative Proceedings as Required: If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, we may be compelled to provide the information. Although courts have recognized a therapist-patient privilege, there may be circumstances in which a court would order the clinic to disclose personal health or treatment information. The Clinic will not release information without your written authorization, or that of your legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party (e.g. Law enforcement agency or Social Security) or where the evaluation is court ordered. We may be required to disclose personal health information in other situations as required by law.

Workers Compensation: We 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.

Health Oversight Activities: We may disclose health information to an agency providing health oversight for activities authorized by law; including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

6. YOUR INDIVIDUAL RIGHTS

YOU HAVE A RIGHT TO:

Inspect and Copy. You have the right to inspect or obtain a copy (or both) of your clinic health records. Access to your records may be limited or denied under certain circumstances, but in most cases you have a right to request a review of that decision. On your request, we will discuss with you the details of the request and denial process. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice.

An Accounting of Disclosures. You generally have the right to receive an accounting of disclosures of your health information. If your health information is disclosed for any reason other than treatment, payment, or operation, you have the right to an accounting for each disclosure of the previous six (6) years. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.

Request Restrictions. You have the right to request additional restrictions on certain uses and disclosures of protected health information. Revive Psychological Services may not be able to accept your request, but if we do, we will uphold the restriction unless it is an emergency.

Receive Confidential Communications by Alternative Means and at Alternative Locations. You have the right to request and receive confidential communications of protected health information by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at our facilities. On your request, we will send your bills to another address.) Your request that we communicate health information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.

Request Amendments. You have the right to request in writing an amendment of your health information for as long as your health information records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial which will be added to the information of the original request. If your original request is approved, we will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.

Obtain a Paper Copy of this Notice. If you have received this notice electronically, you have the right to obtain a paper copy of the Notice from us upon request.

7. OUR DUTIES

1. Revive Psychological Services are required by law to maintain the privacy of protected health information.
2. Provide you with this Notice of legal duties and privacy practices.
3. Revive Psychological Services reserves the right to change the privacy policies and practices described in this Notice. Unless we notify you of such changes, we are required to abide by the terms currently in effect.

CHANGES TO THIS NOTICE:

1. Revive Psychological Services reserves the right to change our privacy practices and terms of this Notice at any time, as permitted by applicable law.
2. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes.
3. Before we make an important change in our privacy practices, we will change this Notice and make the new Notice available upon request.
4. You may request a copy of the Notice at any time.

8. QUESTIONS AND COMPLAINTS

If you have any questions about this Notice, or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services, whose address can be provided upon request. We will not retaliate in any way if you choose to file a complaint. You may contact us to submit a complaint or submit requests involving any of your rights in Section 6 of this notice by writing to the following address:

Revive Psychological Services
2829 83rd St.
Darien, IL 60561
Phone: 312-369-9908