

Meadowspring Counseling, Ltd.
550 Fox Glen Ct. Barrington, IL 60010
630-808-9241

This notice went into effect on January 10, 2023.

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. OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. Your counselor creates a record of the care and services you receive. They 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 your counselor may use and disclose health information about you. We also describe your rights to the health information kept 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 our legal duties and privacy practices with respect to health information.
- 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, in our office, and on our website.

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

The following categories describe different ways that we use and disclose health information.

For Treatment, Payment, or Health Care Operations:

Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. This includes consultation with clinical supervisors. The minimum necessary standard of information may be disclosed to other team members for the purpose of diagnosis, treatment, or collection of payment.

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.

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

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

1. 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.
2. 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.
3. 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.
4. For law enforcement purposes, including reporting crimes occurring on my premises.
Appointment reminders and health related benefits or services.
5. We may use and disclose your PHI to contact you to remind you that you have an appointment with us.
6. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

IV. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Any uses not permitted by law require your written authorization.

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

1. 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:

1. **Get an Electronic or Paper Copy of Your Medical Record:**
Other than "psychotherapy notes," you can ask to see or get an electronic or paper copy of your medical record and other information that we have about you. Requests for access must be made in writing and signed by you or your legal representative. You will be charged a reasonable copying fee and actual postage and supply costs for your protected health information. If you request additional copies you will be charged a fee for copying

and postage. 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.

2. Ask Us to Correct Your Medical Record:

You can ask us to correct health information about you that you think is incorrect or incomplete. All amendment requests, must be in writing, signed by you or legal representative, and must state the reasons for the amendment/correction request. We may say “no” to your request, but will tell you why in writing within 60 days of receiving your request.

3. Request How We Send PHI to You:

You can ask us 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.

4. Ask Us to Limit Uses and Disclosures of Your PHI:

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. You do, however, have the right to restrict disclosure of your protected health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the protected health information pertains solely to a health care item or service for which you, or someone other than the health plan on your behalf, has paid in full. If we agree to any discretionary restrictions, we reserve the right to remove such restrictions as we appropriate. We will notify you if we remove a restriction imposed in accordance with this paragraph. You also have the right to withdraw, in writing or orally, any restriction by communicating your desire to do so to the individual responsible for medical records.

5. Get a List of the Disclosures We Have Made:

You can ask for an accounting of certain disclosures made by us of your protected health information. Requests must be made in writing and signed by you or your legal representative. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same 12-month period, we will charge you a reasonable cost based fee for each additional request within the same 12-month period. You will be notified of the fee at the time of your request.

6. Get a Paper or Electronic Copy of this Notice:

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

7. Choose Someone to Act for You:

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

8. Get Notice of a Breach of Your PHI:

We take very seriously the confidentiality of our patients’ information, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.

VII. COMPLAINTS

If you believe your privacy rights have been violated by us, you have the right to file a complaint in writing with our Privacy Officer or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

VIII. PRIVACY OFFICER CONTACT

If you have questions, need further assistance regarding or would like to submit a request pursuant to this Notice, you may contact the Privacy Officer at:

Sally Secker, LCPC, NCC
550 Fox Glen Ct. Barrington, IL 60010
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