Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU[[1]](#endnote-1) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY**

1. “You” in this notice means client or any personal representative of that client. A personal representative is any person authorized to act on behalf of the client with respect to health care. For example, a personal representative may include the parent or legal guardian of a minor.

   **I respect my clients' confidentiality and only release information about you in accordance with state and federal laws.**

   This notice describes my policies related to the use of the records of your care with me. I am required to give you this Notice about (1) the use and disclosure of your health information, (2) my legal responsibilities, and (3) your rights concerning your health information and to abide by the terms of this notice.

   You may request a copy of my Notice at any time. For more information about my privacy practices, or for additional information, contact Laura Kezdi-Hamzeloo at (224)558-2868.

   **1.** **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION:**

   I use and disclose the minimum necessary health information about you for your treatment, for payment for your services, and for health care operations with Laura Kezdi-Hamzeloo, MA, LCPC.

   1. **For Treatment.** I use and disclose your health information internally in the course of your treatment at Pathways. For example, I may give information to another Pathways health care professional for the purpose of referral within the practice. If I wish to provide information outside of my services for your treatment by another health care provider, I will have you sign an authorization for release of information.
   2. **For Payment.** I may use and disclose your health information to obtain payment for services I provide to you as delineated in the Consent Form. For example, I may need to give insurance companies or other agencies the minimum necessary information in order for them to pay us for the service I have provided to you.
   3. **For Health Care Operations.** I may use and disclose your health information within Pathways Family Therapy, P.C., as part of my internal health care operations. For example, this could mean a review of records to assure quality. I may also use your information to tell you about services, educational activities, and programs that I feel might be of interest to you.

   **2.** **INFORMATION DISCLOSED WITHOUT YOUR CONSENT:**

   Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances.

   1. **Emergencies.** Sufficient information may be shared to address an immediate emergency you are facing.
   2. **Judicial and Administrative Proceedings.** I may disclose your personal health information in the court of a judicial or administrative proceeding in response to a valid court order or other lawful process, including if you were to make a claim for Workers Compensation.
   3. **Public Health Activities.** If I felt you were an immediate danger to yourself or others, I may disclose health information about you to the authorities, as well as alert any other person who may be in danger.
   4. **Child/Elder Abuse.** I may disclose health information about you related to the suspicion of child and/or elder abuse or neglect.
   5. **Criminal Activity or Danger to Others.** I may disclose health information if a crime is committed on my premises or against my personnel, or if I believe there is someone who is in immediate danger.
   6. **National Security, Intelligence Activities, and Protective Services to the President and Others.** I may release health information about you to authorized federal officials as authorized by law in order to protect the President or other national or international figures, or in cases of national security.
   7. **Health Oversight Activities.** I may disclose health information to a health oversight agency for activities authorized by law. These activities might include audits or inspections and are necessary for the government to monitor the health care system and assure compliance with civil rights laws. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements. The minimum necessary information will be provided in these instances.
   8. **Business Associates.** Pathways may disclose the **minimum** necessary health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, Pathways contracts with a financial audit firm to review the finances of the Practice on a quarterly basis.
   9. **Marketing.** Pathways may send you newsletters or information about services they provide in which I feel you might be interested. You may at any time request that your name be removed from my mailing list. I will not disclose any information to a third party for their use in telemarketing, direct mail marketing, or marketing through electronic mail.
   10. **Scheduling Appointments.** I may use your phone number to call you and leave messages to schedule or remind you of appointments.

   **3.** **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:**

   1. **Right to Inspect and Copy.** You have the right to look at or get copies of your health information, with limited exceptions. Your request must be in writing. If you request a copy of the information, a reasonable charge may be made for the costs incurred.
   2. **Right to Amend.** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I have the right to deny your request under certain circumstances.
   3. **Right to an Accounting of Disclosures.** You have the right to receive a list of instances in which I have disclosed your health information for a purpose other than treatment, payment, or health care operations. To request an accounting of disclosures, you must submit your request in writing to me. Such accountings are available for disclosures beginning April 14, 2003, and remain available for six years after the last date of service with me.
   4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information I use or disclose about you. For example, you could ask that I not share information with an insurance company, in which case you would be responsible to pay in full for the services provided. While you are in treatment, a written request should be made with me. To request a restriction after therapy is completed, you must make your written request to me. I am not required to agree to your request, but I will consider the request very seriously. If I agree, I will abide by my agreement unless the information is needed in an emergency or by law.
   5. **Right to Request Confidential Communications.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. For example, you may ask that I contact you only by mail or at work. You must make this request in writing and it must specify the alternative means or location that you would like me to use to provide you information about your health care. I will make every attempt to accommodate reasonable requests.
   6. **Right to Obtain a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice and any amended notice upon request. Copies will be available and will be posted in the office.

   Any other uses and disclosures not set out in the information above will be made only with your written authorization. You may revoke a written authorization for release of information at any time. The revocation must be in writing and will become effective when it has been received by me, and will only be for disclosures not already completed.

   I reserve the right to change my privacy practices provided such changes are permitted by applicable law. Before the effective date of a material change, however, I will change this Notice and make a new Notice available to you. Beginning April 14, 2003, I am required to abide by the terms of Notice.

   **QUESTIONS AND COMPLAINTS**

   If you believe your privacy rights have been violated, you may file a complaint with me, or you may file a complaint with the U. S. Department of Health & Human Services. **I will not retaliate in any way if you choose to file a complaint.**

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