

**Sholtes and Associates**  
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**NOTICE OF PRIVACY POLICIES AND PRACTICES**

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

Effective Date: February 1, 2005

We respect patient confidentiality and only release medical information about you in accordance with Illinois and federal law. This notice describes our policies related to the use of the records of your care generated by this practice "Sholtes and Associates".

**Privacy Contact**

If you have any questions about this policy or your rights contact the Office Manager at extension 311.

**USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

In order to effectively provide you care, *there are times when may share your information* with others beyond our practice, *only with your written permission*. For example:

**Treatment** We may use or disclose medical information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our practice that we are consulting with or referring you to.

**Payment** Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes. If you choose not to use your insurance, be sure to let our Office Manager know at extension 311.

**Healthcare Operations** We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, and training staff.

**Follow-Up Appointments/Care** We will be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

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

**Emergencies** Sufficient information may be shared to address the immediate emergency you are facing.

**As Required by Law** this would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse or institutional abuse.

**Serious Threat to Health or Safety** If you communicate with us a specific threat of immediate harm against another specific individual, or if you pose a clear risk of inflicting physical or mental injury against an individual, we are expected to warn that individual even without your consent. Also, if you appear to pose an immediate, serious risk of self inflicted physical or mental injury or death, we may make disclosures considered necessary to protect you from harm.

**Governmental Requirements** Notes taken during your sessions are privileged under state law. Any request for information by any party about your evaluation, diagnosis and treatment and the records thereof, will not be released without your written permission or a court order. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations inspections and licensure.

If your are sent for an evaluation at the specific request of a third party, you will be asked to sign a release of information in advance of the requested evaluation.

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

There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects.

**Criminal Activity or Danger to Others** If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

## **PATIENT RIGHTS**

You have the following rights under Illinois and federal law:

1. ***Copy of Record*** You are entitled to inspect the health record our practice has generated about you. We may charge you a reasonable fee for copying and mailing your record.
2. ***Right to Request Restrictions*** You have the right to request restrictions on certain uses and disclosures of protected health information. We are not always required to agree to the restrictions requested. Please notify our Office Manager at extension 311.
3. ***Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*** You have the right to request and receive confidential communications of your private health information when and how you prefer. For example, you may not want your family members to know you are treated here. You may request bills to be sent to an alternative address.
4. ***Release of Records*** You may consent in writing to the release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent that no action has been taken in reliance on your prior authorization.
5. ***Amending Record*** If you believe that something in your record is incorrect or incomplete, you may request that we amend it. To do this contact the Office Manager at extension 311 and ask for the *Request to Amend Health Information* form. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a written statement indicating that you disagree with us. We will then file our response and your statement and our response will be added to your record.
6. ***Accounting for Disclosures*** You may request an accounting of any disclosures we have made related to your private health information, except for information we were required to release by law. To receive information regarding disclosure made for a specific time period no longer then six years and after, please submit your request in writing to the Office Manager. We will notify you of the cost involved in preparing this list.

**Questions and complaints** If you have any questions, or wish a copy of this Policy or have any complaints you may contact the Office Manager in writing at our office for further information. You also may complain to the Secretary of Health and Human Services if you believe our Practice has violated your privacy rights. We will not retaliate against you for filing a complaint.

**Changes in Policy** Sholtes and Associates reserves the right to change its Privacy Policy based on the needs of Sholtes and Associates as well as changes in state and federal law.

## **CLIENT RIGHTS STATEMENT**

As a client of Sholtes and Associates, you have the following rights:

To not be denied services on the basis of age, sex, race, religious beliefs, ethnic origin, marital status, physical or mental disability, sexual orientation, HIV status, or criminal record.

To have services provided in the least restrictive environment available for your needs pursuant to an individualized treatment plan.

You will have nondiscriminatory access to services in accordance with the Americans With Disabilities Act. Confidentiality of your status and records, including HIV status and testing as provided for under Illinois law.

Sholtes and Associates has the right to limit services based on the funding we receive. This may require us to prioritize services based on the severity of your service needs. Services not covered by governmental grants are charged based on the cost of providing those services.

No client shall be presumed legally disabled unless declared to by a court.

You have the right to give an informed consent to treatment. You also have a right to refuse treatment and be told the consequences of such refusal. This could include Sholtes and Associates being able to provide services to you.

If you believe your rights have been violated, you have a right to contact any of the following groups:

**Guardianship and Advocacy Commission**

28 North Clark, Suite 450, Chicago, IL 60602  
(312)3457000

(312) 814-2735

**Department of Children and Family Services**

406 East Monroe, Springfield, IL 62701  
(800) 252-2873 (Hotline)

**Equip for Equity**

11 East Adams, Suite 1200, Chicago, IL 60603  
(312) 341-0022

**Office of Inspector General (OIG)**

Stratton Building, Springfield, IL 62765  
(800) 368-1463

**Department of Mental Health**

100 W. Randolph, Suite 6-400, Chicago, IL 60601

Additional referrals for accessing guardians, conservators, self-help groups, advocacy services, outside providers, and legal advocacy services can be obtained through your therapist.

You are encouraged to speak to your provider (therapist, psychiatrist, etc.) regarding grievances, complaints or concerns to attempt to resolve the issue informally.

If the grievance cannot be resolved to your satisfaction, you may put your complaint in writing and submit it to the Sholtes and Associates Office Manager. You may submit your written complaint to the office manager through your therapist, through our reception desk or by mail. The office manager has 21 days from receipt of the complaint to investigate and respond to your grievance in writing.

If you are not satisfied with our response, you may contact the Illinois Psychiatric Association at 312-263-7391, the National Association of Social Workers, Illinois Chapter at (312) 236-8308 or the Illinois Psychological Association at (312)371-7610 for further information and assistance with your grievance.

We reserve the right to change the terms of this notice in the future. If we do, we will provide you with a revised notice by hand delivery at the next billing or scheduled appointment.

Bob Sholtes, MD

Susan Sholtes, LCSW