

NOTICE OF PRIVACY 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.

If you have any questions about this notice, please contact our Privacy Official (Dr. Shantelle Whitehead) at 312-339-9832.

We are committed to protecting and preserving your privacy. We understand that health information about you is personal and that you are concerned over how it is used. This **Notice** of Privacy Practices describes:

- ▶ How the health care professionals, staff, employees, and associates may use and disclose your protected health information to carry out treatment, payment and health care operations and for other purposes that are permitted or required by law; and
- ▶ Your rights to access and control your protected health information.

“Protected health information” is information about you that relates to your past, present or future physical or mental health or condition and related health care services, and that includes demographic information that may identify you. **The terms of this Notice apply to all records containing your protected health information that are created or retained by our practice.**

We are required by federal law to maintain the privacy of your protected health information, as described in this notice. We are also required to provide you with and abide by the terms of this Notice of Privacy Practices. We may change the terms of this Notice of Privacy Practices at any time, and the new Notice of Privacy Practices will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. We will at all times keep a copy of the most current version of this Notice posted in a visible location in our office.

1. HOW YOUR PROTECTED HEALTH INFORMATION IS USED AND DISCLOSED

A. Permitted Uses and Disclosures of Protected Health Information

Once you have been provided with this Notice, and you have had the chance to acknowledge that you have received it, we may use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by your clinician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the clinician’s practice. Following are examples of the types of uses and disclosures of your protected health care information that the physician’s office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Please note: The information you share in your therapy session with your clinician will not be disclosed to individuals outside our professional staff without your knowledge and written authorization, in accordance with the laws governing mental health practices. Any exceptions to this are noted in Section C.

Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. We may also disclose protected health information, with your written permission, to other clinicians that may be treating you. For example, your protected health information may be provided to a clinician to whom you have been referred to ensure that the clinician has the necessary information to diagnose or treat you.

Payment: Your protected health information may be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services, we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for your therapy may require that your relevant protected health information be disclosed to the health plan to obtain authorization for services.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support our business activities. Examples of these activities include, but are not limited to quality assessment activities, case management, and calling you by name in the waiting room when your clinician is ready to see you. We may share your protected health information with third party “business associates” that perform various activities (e.g., billing, collection services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may also send you information about our services and practice.

Appointment Reminders: We may use and disclose your protected health information, as necessary, in contacting and reminding you of your upcoming appointment(s).

Treatment Options: We may use your PHI to inform you of potential treatment options or alternatives. Health or related Benefits and Services: We may use your protected health information to inform you of other services or benefits offered by our practice or an affiliated organization that may be of interest to you.

B. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing except to the extent that your clinician or Dr. Shantelle and Associates has taken an action in reliance on the use or disclosure indicated in the authorization.

C. Uses and Disclosures of Protected Health Information That May Be Made Without Your Consent, Authorization or Opportunity to Object.

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. **Mental health codes will supersede these codes when more stringent and durable.** You will be notified, as required by law, of any such uses of disclosures.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your clinician shall try to provide you with this Notice as soon as reasonably practicable after the delivery of treatment. If your clinician or business associate is required by law to treat you and the clinician has attempted to provide you with this Notice but is unable to do so, he or she may still use or disclose your protected health information to treat you.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if required by law and if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized).

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your clinician and Dr. Shantelle and Associates uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Our Practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Please contact our Privacy Official if you have questions about access to your medical records. You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Official.

You may have the right to have your clinician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Official to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. The right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations. You have the right to receive specific information regarding these disclosures that occurred after December 15, 2020. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to restrict certain disclosures of Protected Health Information (PHI) to a health plan if they pay out-of-pocket in full for the healthcare service.

You have the right to be notified if there is breach of your unsecured PHI.

You must sign an authorization before PHI can be released for any use and disclosure not described in the Privacy Notice.

3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Official of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Official at 312-339-9832 for further information about the complaint process.

This notice was published and becomes effective on December 27, 2020