ARCADIAN
COUNSELING

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.

As of April 2003, a new federal law ("HIPAA") went into effect. This law requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how Arcadian Counseling, LLC. will protect your health information, how your health information may be used or disclosed, and describes your rights. If you have any questions about this notice, please contact me.

Understanding Your Health Information. After each appointment, I record clinical information and store it in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, a mental status exam, diagnoses, treatment and a plan for future care. This information, often referred to as your medical record, serves as:

- A basis for planning your care and treatment
- A means of communication among the health professionals who contribute to your care
- A legal document of the care you receive
- The means by which you or a third-party payer (like a health insurance company) can verify services you have received
- A tool with which I can assess and work to improve the care I provide.

Your Health Information Rights. You have the following rights related to your medical record:

- Obtain a copy of this notice. You can request your own copy of this notice if you would like.
- Authorization to use your health information. Before I use or disclose your health information, other than as described below, I will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- Access to your health information. You may request a copy of your medical record at any time.
- Change your health information. If you believe the information in your record is inaccurate or incomplete, you may request that I correct or add information.
- Request confidential communications. You may request that I communicate with you in a specific way (e.g., at a certain mail address or phone number). I will make every reasonable effort to agree to your request.
- Accounting of disclosures. You may request a list of disclosures of your health information that I have made for reasons other than treatment, payment of healthcare operations.

My Responsibilities. I am required by law to protect the privacy of your health information, to provide this notice about my privacy practices, and to abide by the terms of this notice. I reserve the right to change my policies and procedures for protecting health information. If I make a significant change in how I use or disclose your health information, I will change this notice and inform you.

Except for the purposes outlined in the next section, I will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time to stop future use of disclosure.

When Can I Legally Disclose Your Health Information Without Your Specific Consent?
While the new law allows certain disclosures without your consent, I typically do not release your health information without your consent, except as described below:

- In order to facilitate your medical treatment. For example, your primary care physician or your psychiatrist may wish to discuss your treatment with me, but in most cases I will require your written authorization before releasing information, even to another health care provider.
- In order to collect payment for health care services that I provide. I might send you a bill if you haven't paid at the time of service, or your insurance company may request information to facilitate reimbursement in response to a claim you submitted. These bills to you or requests from your insurance company may include a diagnosis and procedure code, dates of service, etc. If your insurance company requests a copy of more extensive information from your medical record, I will ask for your authorization.

Will I Disclose Your Health Information to Family and Friends?
My office policy is that your clinical information is never shared with another party (except as noted above) without written authorization from you. The EXCEPTION to this policy is if I believe you pose an immediate danger to yourself or someone else, in which case I will do whatever is necessary, even if that means breaching confidentiality.

Less Common Situations in Which I May Disclose Your Health Information.

- Worker's Compensation: I may disclose your health information to comply with laws relating to worker's compensation or other similar programs.
- Law Enforcement: I may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena or court or administrative order. This includes any information requested by authorities related to cases of neglect or abuse of children or the elderly.
- Food and Drug Administration (FDA): I may disclose to the FDA your health informaiton relating to adverse events due to medications.

HOW I MAY USE AND DISCLOSE YOUR INFORMATION

My practice uses and discloses PHI (priveleged health information) for the following purposes:

Treatment: I may need to share information about you in order to provide immediate medical care to you. Any other disclosure of your records for treatment-related purposed will require your signed authorization.

Payment: I may need to disclose information about the treatment, procedures or care I provided to you in order to bill and receive payment for the services provided. I may share this information with you, an insurance company or a third party responsible for payment.

Appointment Reminders/Treatment Alternatives/Incidental Uses and Disclosures: I may contact you regarding appointments or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. I may contact you by telephone, fax or email, and will make every effort to protect your privacy when leaving a message for you.

Others Involved in Your Healthcare: I may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or you object to such a disclosure, I may disclose such information as necessary if I determine that is in your best interest, based on my professional judgment.

Emergency Situations: My practice uses and discloses protected health information as appropriate to provide treatment in emergency situations. You will be allowed to object to future disclosures as soon as reasonably practicable after the delivery of treatment.

Required by Law: I may disclose your protected health informaion if required to do so by state, federal or local law, such as disclosure to a public health agency or official that is authorized by law to collect or receive such information, such as (but not limited to) communicable or sexually transmitted diseases; mandated reports of injury, illness, abuse, neglect or domestic vioence; or to avert a serious threat to health or safety.

Judicial and Administrative Proceedings: If required by law, I may disclose information for judicial or administrative proceedings in response to a court order, subpoena, discovery request or other lawful process.

Disclosures for Law Enforcement Purposes: I may disclose the minimum necessary PHI for law enforcement purposes to law enforcement officials only as allowed by law.

PATIENT RIGHTS

You have the following rights with respect to your personal health information:

Right to Request Restrictions on Uses and Disclosures: You have the right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. Such requests must be made in

writing. I am not required to agree to a restriction; however, if I do agree, I must abide by it unless you agree in writing to remove it.

Right to Request Confidential Communications: You have the right to reasonable requests to receive confidential communications of PHI from me by alternative means or at alternative locations. You must complete such a request in writing on the Consent to Treatment form.

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your medical record that has been created to treat you and is used to make decisions about your care, including medical and billing records. You must submit your request in writing. I may charge you for the cost of copying records, the cost of mailing, or other minimal costs associated with your request.

Right to Amend: You have the right to request that I amend your protected health information maintained in your medical record or billing record. I will document all requests, respond to your requests in a timely fashion, and inform you of your appeal rights if a request is denied in whole or in part. Again, your request must be in writing.

Right to an Accounting of Disclosures of Protected Health Information: You have the right to receive an accounting of the disclosures of your personal health information that I make other than for purposes allowed under the Privacy Rule. Requests must be in writing, can only be for disclosures made after January 1, 2019, and will cost $20 for more than one accounting per 12-month period.

AUTHORIZATIONS

My practice is committed to protecting your privacy and to the proper use and disclosure of your personal health information. In Illinois, a specific written authorization is required to disclose or release records of mental health treatment, alcoholism treatment, drug abuse treatment or HIV/AIDS information. I will obtain your written authorization for any other use or disclosure of protected health information.

I do not condition treatment of a client on the signing of an authorization. You may revoke an authorization by submitting a request in writing. I am required to honor and abide by that written request, except to the extent that I have already taken actions based on your authorization.

WAIVER OF RIGHTS

My practice never requires an individual to waive any of his or her individual rights as a condition for the provision of treatment, except under very limited circumstances allowed under law.

RIGHT TO A COPY OF THIS NOTICE

This notice is effective as of January 1, 2019, and I am required to abide by the terms of the Notice of Privacy Practices currently in effect. I reserve the right to change the terms of my Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that I

maintain. If my privacy practices are revised, you will receive a copy in advance of the effective date of the change. You may request a current Notice when you visit my office. A copy of the current notice may be emailed to you upon your request.

PRACTICE CONTACT

If you would like more information about this notice, please contact me at (203) 405-8066. You have the right to file a written complaint with my office or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of my office. I will not retaliate against you for filing a complaint.

The U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Ave. SW
Washington D.C. 20201
(202) 619-0257, (877) 696-6775