

# NOTICE OF PRIVACY PRACTICES

This notice includes a description of how medical information may be used and disclosed and how this information is accessed. Please review it carefully.

## Confidentiality

Federal and Illinois law and regulations protect the confidentiality of your records. The principal purpose of maintaining information about you is to document your assessment, treatment, and follow-up activities. The highest professional standards will be adhered to in maintaining your record.

The two federal laws that protect your health information are the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Confidentiality Law 42 C.F.R part 2. Under these laws, Interactions Therapy Center may not inform others that you attend counseling or disclose any other protected information except as permitted by federal law.

## DISCLOSURES OF INFORMATION

Interactions may disclose your Protected Health Information (PHI) for many different reasons. For some of these uses of disclosures, prior authorization is required; for others, it is not. Below are the different categories of uses and disclosures:

PHI can be used without consent for the following reasons:

1. **For coordination of treatment** with other licensed health care providers.
2. **To obtain payment for treatment.** Interactions can use and disclose PHI to bill and collect payment for the treatment and services provided from billing companies, claims processing companies, and others that process health care claims.
3. **For health care operations** within the normal course of business operation such as accountants, attorneys and consultants.

Under federal and state regulations, certain disclosures of information may be made:

1. When the client consents in writing. Any such written consent may be revoked in writing.
2. Pursuant to an agreement with a qualified service organization/business associate.
3. When the disclosure is allowed by a valid court order.
4. In case of an emergency, and if you are not able to give or refuse permission, we will share only the information that is directly necessary for obtaining emergency care for you, according to our professional judgement.
5. If there is a situation of danger to self or others or where the safety of the public or an individual is concerned, Interactions Therapy Center may be required to notify the intended victim and/or law enforcement officials.
6. When there is suspected child or elder abuse and neglect.
7. When a crime is committed by a client at Interactions Therapy Center, or against any person who works for Interactions, or when there is a threat to commit such a crime.

No more protected health information (PHI) may be used than is necessary to accomplish the purpose for which the use or disclosure is made.

#### YOUR RIGHTS

**Under HIPAA you have the right to request restrictions on certain uses and disclosures** of your information. Interactions is not required to agree to any restrictions you request, but if we do agree then we are bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

**You have the right to request that we communicate with you by alternative means** or at an alternative location. Interactions will accommodate such requests that are reasonable.

**Under HIPAA you also have the right to inspect and copy your own health information** maintained by Interactions except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Such requests are to be made in writing. A reasonable fee for copying may be imposed.

**Under HIPAA you also have the right, with some exceptions, to amend health care information** maintained in your records. Your request must be in writing, and it must explain why the information should be amended. We may deny your request, but if we do, we will provide a written explanation. If we accept your request to amend the information, we will make reasonable efforts to include the changes in any future disclosures of that information.

**You have the right to request and receive an accounting of disclosures** of your health related information made by Interactions during the six years prior to your request. You also have a right to receive a paper copy of this notice.

Violation of the federal and state law and regulations by Interactions is a crime. Suspected violations may be reported to appropriate authorities. You may complain to your counselor and the Secretary of the US Dept. of Health and Human Services at 200 Independence Ave. SW, Washington, D.C., 20201 or call 1-977-696-6775 if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint.

Notice of Privacy Practices  
Interactions Therapy Center  
Page Three

Interactions reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains.

Your signature below means you have read this document, understand it, have been given the opportunity to ask questions for clarification. You may print this notice.

_____	_____
_____	_____
Printed Name	Date
_____	_____
Signature	Date

This notice became effective on April 14, 2003.