

Ellen Sachs Alter, PhD
Licensed Clinical Psychologist

NOTICE OF PRIVACY PRACTICES

I respect my clients' confidentiality and only release information about you in accordance with state and federal laws. This notice describes policies related to the use of the records of your care in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Use and Disclosure of Protected Health Information

I use and disclose the minimum necessary health information about you for treatment and payment for your services. If I wish to provide information for your treatment or payment for your services, I will ask you to sign an authorization for release of information.

Information Disclosed Without Your Consent

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

- a. **Emergencies.** Sufficient information may be shared to address an immediate emergency you are facing.
- b. **Judicial and Administrative Proceedings.** I may disclose your personal health information in the course 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.
- c. **Public Health Activities.** If I feel you are 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.
- d. **Child/Elder Abuse.** I may disclose health information about you related to suspicion of child and/or elder abuse or neglect.
- e. **Criminal Activity or Danger to Others.** I may disclose health information if a crime is committed on my premises or against me, or if I believe there is someone who is in immediate danger.
- f. **National Security, Intelligence Activities, and Protective Services to the President and Others.** I may release 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.
- g. **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. The minimum necessary will be provided in these instances.
- h. **Business Associates.** I may disclose the minimum necessary health information to business associates that perform functions on my behalf or provide me with services if the information is necessary for such functions or services. All business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Your Rights Regarding Your Health Information

- a. **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. A reasonable charge will be made for the costs incurred by copying.
- b. **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 in certain circumstances.
- c. **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 services provided. This request must be made in writing. I am not required to agree to your request, but I will consider the request seriously and will abide by our agreement unless the information is needed in an emergency or by law.
- d. **Right to Obtain a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice upon request.

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 made in writing and will become effective when it is received by me, and will be only for disclosures not already made.

I reserved the right to change my privacy practices provided such changes are permitted by law. Before the effective date of a material change in this Notice, I will make a new Notice available to you.