

Adults and Minors

NOTICE OF PRIVACY PRACTICES (HIPAA)

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

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

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and state law. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- As required by Law, such as the mandatory reporting of abuse or neglect of a child, an adult with disabilities, or an elder or mandatory government agency audits or investigations (such as the licensing board or the health department)
- As required by Court Order or other judicial and administrative proceedings
- When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- When necessary to the provision of emergency medical care
- When necessary to initiate or continue civil commitment or involuntary treatment proceedings
- To an attorney regarding our legal duties in relation to the services being provided
- As required by law to law enforcement

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at info@lifesolutionsgroup.org or call 779-201-8006:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at info@lifesolutionsgroup.org or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

The effective date of this Notice is 7/1/2024

Acknowledgement of Receipt of Privacy Notice

1. **Joint Notice of Privacy Practices:** You agree you have given a copy of the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your protected health information (PHI) used for the purpose of treatment, payment, and health care operations. The law requires your signature indicating you have been offered a copy of HIPAA.
2. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices (described above).

IF YOU DO NOT UNDERSTAND ANY INFORMATION IN THIS DOCUMENT OR IF YOU HAVE QUESTIONS, **PLEASE DO NOT SIGN THIS FORM.** INSTEAD, EMAIL INFO@LIFESOLUTIONSGROUP.ORG OR CALL 779-201-8006 AND ASK FOR CLARIFICATION.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE PROVISIONS AND INFORMATION CONTAINED IN THIS DOCUMENT.

Confidentiality: Adults and Minors

All healthcare providers must keep appropriate treatment records and the law protects the confidentiality of all communications between a client and a mental health clinician. In most circumstances, we can only release information to others with your written permission (see limitations below)

All information shared, including conversations with your provider and all records pertaining to you and your family, are protected by the Illinois Mental Health Act. This law requires strict adherence to confidentiality.

Limitations or Potential Challenges: There are certain exceptions to maintaining your Confidentiality. Illinois law stipulates that all health professionals are required to disclose information that prevents injury to you or a third party, as well as report all instances of suspected abuse or neglect of children or other vulnerable individuals, such as the elderly or disabled, or animals. Written below is a general summary of limitations to confidentiality, as there may be more limitations. All current laws apply, even if different from what is listed below.

- **Potential or actual harm to others or self:** Providers and staff are required by law to report any suspected or real harm to yourself, others, another person/property. For more information about the Illinois Mental Health Act, please visit Illinois General Assembly website. Threats, plans, attempts to harm oneself requires the provider to attempt to protect your safety which may include the disclosure of confidential information to the appropriate authority. This includes, but is not limited to, 911, your emergency contact, and other appropriate parties. If necessary, 911 or non-emergency police will be called to

respond if there is any potential self-harm, which may lead to you being involuntarily hospitalized. Threats, implications, insinuations, or actual harm to others (or any verbosity that indicates this) also must be reported.

- We are also required to report to DHS individuals determined to be a clear and present danger, have a psychosocial challenge that deems you potentially inappropriate to access firearms, or who are intellectually disabled to prevent or intervene with access to firearms <https://foid.dhs.illinois.gov/foidpublic/foid/>
- **Child, Vulnerable Adult, or Animal Neglect/Abuse:** If you reveal information relative to vulnerable adult or elder abuse, child abuse, or animal abuse, these will be reported to the proper authority.
- **Emergencies:** You must provide an emergency contact if receiving services. In case of an emergency, your emergency contact may be called, which may compromise your confidentiality. Emergencies may include suspected emergency, such as may be threats of harm to self or others, a health issue, violence, abuse, hospitalization, police intervention, or other situations. By signing this form, you agree to allow Life Solutions to contact your emergency contact on your behalf in the case of emergency or suspected emergency.
- **Minors:** If you or your child is under 12 years of age, please be aware that the law may provide legal guardians the right to examine your treatment records. If you are between the ages of 12 and 18, the law may provide guardians the right to examine your treatment records if after being informed of your parents'/guardians request to examine your records, you do not object or your therapist does not find that there are compelling reasons for denying the access to the records. Notwithstanding the above, your parents/guardians are always entitled to the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. Who qualifies as a parent? Any parent whose rights have not been terminated or restricted (or as currently defined by applicable law).
- **Court orders & Legal Issued Subpoenas:** Rarely, a court order may be issued for information or records. If this occurs, our attorney will be consulted prior to any release, and if able, you will be informed as well. If a subpoena is received, if allowed, we will contact you to alert you. The confidentiality of your records cannot be guaranteed if there is a court order.
- **Court Ordered Therapy:** If you are in therapy ordered by the court, and the court requests records of participation in services, then your records may be released.
- **Couples & “No Secret” Policy:** When working with couples, all laws of confidentiality still exist. However, both individuals must respect a common standard in couples services which is “no secrets”. Neither partner should attempt to triangulate the counselor into keeping a “secret” that is detrimental to the goal of therapy for the couple. If one partner requests that the provider keep a “secret” in confidence, the therapist may choose to end the therapeutic relationship and give referrals for other therapists, as our work and your goals then become counterproductive.
- **Your Written Request:** Your specific written request is required to disclose information regarding your psychotherapy to you (or to most third parties). If you request records, you will be provided with a brief summary of your treatment within 4 weeks after your request. All requests must be provided in writing (using our release information form) and we will

need to verify that you indeed made the request (and not someone else). Furthermore, there may be fee for case records request for anything over 15 pages. If therapy sessions involve more than one individual, ALL persons over the age of 18 MUST consent to release of requested information prior to information being released. If all individuals do not consent with a release of information form, then nothing will be released.

- **Dual Relationships & Public Encounters:** The therapy relationship is strictly professional. To preserve this relationship, it is imperative that the therapist cannot have any relationship outside the therapy relationship such as a friendship, business, or social relationship. If you see each other in a public setting, the therapist cannot acknowledge you in any way that would jeopardize your confidentiality. Should you choose to acknowledge your therapist, they may not be able to protect your confidentiality. However, you may certainly say hello and s/he may respond and have a short, casual conversation with you before moving on with what you were both doing.
- **Consultation/Supervision:** Your therapist is under the direct supervision of a clinical supervisor because it is a professional and ethical standard of care to engage in consultation/supervision regarding the services therapists provide. This increases skill and expertise and enhances service delivery to you. Clinical supervisors are employees of this agency.
- **Therapy Outside the Office:** From time to time, clients may meet in an alternate location i.e. their home, in public, or somewhere related to their situation. We sometimes accommodate these requests or even suggest these ideas, if clinically appropriate. For example, sometimes your therapist will suggest taking a walk while you talk together. If you wish to participate in therapeutic activities outside of the office, you agree to the following: I agree I may be taking a risk in regards to my confidentiality by engaging in any and all therapeutic activities outside of the office setting. I acknowledge that my confidentiality of treatment cannot be protect if I meet at a location other than the office and even at the office, my identity cannot be totally protected in the waiting room or other parts of the building or parking lot. Therefore, I fully accept all risk to self, confidentiality, or any other liability by engaging in therapeutic activities outside of the office or by going to the office for services. I will not hold Life Solutions or any clinicians liable for any psychological, social, or physical harm endured during any therapeutic activity engaged in, at, or outside of the office.
- **Billing:** If you are using insurance, then the insurance company does receive information about your diagnosis/es and they have the right to review/inspect your files. If someone else is paying for your services, via a debit/credit card, or other method, then you must understand that they know you are receiving mental health services. Other insurance/billing issues may involve release of information, such as if the account goes into collections.
- **Recording devices:** Recording of appointments is not allowed without the written permission of you. IN addition, clients are not allowed to record sessions either. Illinois law prohibits recording another person without their permission.

Using Insurance and Confidentiality

For your health insurance to help pay for psychotherapy, you must allow this clinic to provide the MCO your information (name, date of birth, address) in addition to diagnosis/es given, and any other information they request for various reasons (to determine medical necessity, utilization of services, audits, etc). We may also be required to inform the MCO about your progress during services, and about how you are functioning in various life realms. Some of this information will become part of the MCO's records, and some of it may be included in your permanent medical record at the Medical Information Bureau (MIB), a national data bank. To determine if your MCO submits any information to the MIB, you would need to contact your insurance company directly and ask. If you have information in the MIB, it may be examined when you apply for life, disability, or health insurance, and may be considered when you apply for certain types of employment, credit/loans, a security clearance, or other things in the future. This clinic and the providers here have no access to the MIB and we do not submit information to that organization. Again, you should ask your insurer if they do this or not.

All insurance companies and MCOs claim to keep the information they receive confidential, and there are federal laws about its use and release. In other words, they also must adhere to confidentiality and privacy laws. If you are concerned about who might see your records now or in the future, this is something to consider prior to engaging in services, after you call your MCO to ask pertinent questions. You should evaluate your situation carefully regarding confidentiality.

Confidentiality Information Specific to Minors

The confidentiality information above pertains to your minor child's services, but there are also additional dynamics to consider if your child is in counseling. You (or your child's) information is not released to anyone, without your expressed written consent. You have already viewed the Notice of Privacy Practices form describing Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights regarding the use and disclosure of your (or your child's) protected health information (PHI) used for treatment, payment, and health care operations.

Your child has the right to private, confidential communication with the provider. According to the State of Illinois Confidentiality Act and HIPAA, your child (age 12 or older) will need

- Parents (including guardians and persons acting in loco parentis) are the "personal representatives" of their unemancipated minor children if they have the right to make health care decisions for them. As personal representatives, parents generally have access to their children's protected health information. In specific circumstances, however, parents may not be the personal representatives of their minor children.
- Parents/guardians of minors between 12 and 18 *cannot examine their child's records* unless the minor is informed and provides written consent (via ROI). *This includes all information regarding pregnancy, sexual activity, STD's, drug alcohol use/abuse, regardless of the child's age.* The law does not prevent parents/guardians of minors between 12 and 18 from requesting and receiving certain information, including: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including medication, if any. Parental involvement is crucial to successful healing, we encourage the minor and his/her parents/guardians to share pertinent information; often, this occurs at the beginning or end of a session. Any other communication will require the child's written authorization.

- If under 12 years of age, please be aware that the law may provide legal guardians the right to examine your treatment records. If you are between the ages of 12 and 18, the law may provide guardians the right to examine your treatment records if after being informed of your parents'/guardians request to examine your records, you do not object or your therapist does not find that there are compelling reasons for denying the access to the records. Notwithstanding the above, your parents/guardians are always entitled to the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. Who qualifies as a parent? Any parent whose rights have not been terminated or restricted (or as currently defined by applicable law).
- Any child age 12 or older may receive outpatient counseling and psychotherapy upon the child's request. The parent or guardian cannot be informed of the treatment without the child's consent. Without disclosure to the child's parents, a child under age 17 may receive no more than eight 90-minute treatment sessions (or as deemed appropriate according to current applicable law) After that, the child may request to continue the treatment. In that case, treatment may continue if:
 - Getting consent would hurt the minor's well-being, or
 - The parents could not be contacted.

Furthermore, there may be additional, rare instances where disclosure is required or allowed by law.

Custody/Visitation/Forensic/Parenting Evaluations or Reports

We do not provide or perform evaluations for custody, visitation or other forensic matters. Therefore, it is understood and agreed that we cannot and will not provide any testimony or reports regarding issues of custody, visitation or fitness of a parent in any legal matters or administrative proceedings.

I have been offered a copy of the following policies and acknowledge I understand and have been given an opportunity to ask questions and seek clarification if needed.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE STATEMENTS WRITTEN ABOVE.

____ SIGN/DATE