HIPAA: Your Information, Your Rights,

My Responsibilities

This notice, adapted from U.S. Department of Health and Human Services, describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. I will give you a copy of my more detailed HIPAA notice the first time we meet.

**Your Rights**

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| **When it comes to your health information, you have certain rights.** This section explains your basic rights and some of my responsibilities to help you. | |
| **Get a paper copy of your medical record** | • You can ask to see or get a paper copy of your medical record and other health information. Ask me how to do this. (I do not keep electronic records.)  I I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee. |
| **Ask me to correct your medical record** | • You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.  • I may say “no” to your request, but I’ll tell you why in writing within 60 days. |
| **Request confidential communications** | • You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.  • I will say “yes” to all reasonable requests. |

**Your Choices**

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| **For certain health information, you can tell me your choices about what I share.** If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions. It is my responsibility to determine the minimal information needed for a given purpose of disclosure. Insurance companies can never require me to provide my confidential session-by-session psychotherapy notes as a condition of paying for your services. | | |
| **In these cases, you have both the right and choice to tell me to:** | • Share information with your family, close friends, your other health care providers, or others involved in your care  • Share information in a disaster relief situation  *If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.* | |
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| **Other Uses and Disclosures**  I typically use or share you protected health information to treat you, contact you when necessary, and bill your health insurance plan for payment.  How else can I use or share your health information? I am allowed or required to share your information in other ways--usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). | | | |
| Help with public health and safety issues | | • Reporting suspected abuse, neglect, or domestic violence  • Preventing or reducing a serious threat to anyone’s health or safety | |
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| **Comply with the law** | | • I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I’m complying with federal privacy law. | |
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|  | | • With health oversight agencies for activities authorized by law | |
| Respond to lawsuits and legal actions | | • I can share health information about you in response to a court order or to defend myself if you file a suit against me. | |

**Please note: In Illinois, state confidentiality law is much stricter than HIPAA when it comes to mental health records (as is the Code of Ethics of Psychologists of the American Psychological Association). In general, I need your specific, written permission to provide any information about you except in situations of a serious threat to health or safety, when I have reasonable cause to believe that child or elder abuse is occurring, or to comply with a court order or law. I will give you specific written information about confidentiality the first time we meet.**