

MIND BODY CONNECTIONS, P.C. (MBC)

At CLARUS CENTER

NOTICE OF PRIVACY PRACTICES

Version II: 8/04

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

I. Uses and Disclosures of Protected Health Care Information:

1) Mind Body Connections may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization.

To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment" is when your therapist provides, coordinates, or manages your health care and other services related to your health care.
- "Payment" is when MBC obtains reimbursement for your healthcare.
- "Health Care Operations" are activities that relate to the performance and operation of our practice.

2) MBC may use or disclose PHI for purposes *outside* of treatment, payment, or health care operations, *if* we obtain your authorization *prior* to release of information.

You may revoke all such authorizations of PHI at anytime, provided each revocation is in writing. You not revoke an authorization to the extent that (1) your therapist has acted on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage. The law provides the insurer the right to contest the claim under the policy.

II. Uses and Disclosures of PHI Without Your Authorization

Therapists may use or disclose PHI without your consent or authorization in the following circumstances:

- **Consultation with other health and mental health professionals outside Clarus Center.** During such consultations, your therapist cannot reveal any information that identifies you without your written consent. All other professionals are also legally bound to keep the information confidential. In most cases, your therapist will not tell you about these consultations unless it is beneficial to your work together. All consultations will be noted in your clinical record.
- **Teaching and supervision.** At times, your therapist may refer to clinical cases for teaching or supervision purposes. In these situations, your therapist will not reveal any information that could identify you. In most cases, your therapist will not discuss these occurrences with you unless it is beneficial to your treatment.
- **Within Clarus Center.** At Clarus Center, therapists consult with each other regularly as a means of providing the highest quality of care to their clients. MBC also employs administrative staff. Your therapist may need to share protected information with these individuals for both clinical and administrative purposes such as scheduling, billing and quality assurance. All of the mental health professionals are bound by the same rules of confidentiality. All of the staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the oversight of a professional staff member.
- **If you are involved in a court proceeding.** Your therapist cannot disclose any protected information to the courts without a court order. If you are involved in or contemplating litigation, you should consult your attorney to determine whether a court would be likely to order your therapist to disclose information. In some cases, including but not limited to child custody proceedings and situations in which your emotional condition is an issue, a judge may require your therapist to testify in court. If it is your decision to open your protected information to the

courts, please be advised that not only your clinical chart (PHI) may be opened but the Psychotherapy Notes that your therapist might keep in a separate file may be brought into the court, even if that is not what you wish. Unfortunately once you offer your record for the court, you may not choose what is disclosed. It is advisable that you review records with your therapist and your attorney before making such a decision.

- **Government.** If a government agency is requesting information for health oversight activities, your therapist may be required to provide it for them.
- **Malpractice Suits.** If you file a lawsuit against your therapist, he/she may disclose all of your record (including PHI and Psychotherapy Notes) regarding you to defend himself/herself.
- **Workman's Compensation.** If you file a worker's compensation claim and your therapist is rendering treatment or services in accordance with the provisions of Illinois Workers' Compensation law, your therapist must, upon appropriate request, provide a copy of your record to your employer or his/her appropriate designee.

Therapists are mandated reporters, and, as such, we have the legal obligation of notifying appropriate authorities in the following situations. Please note, these situations are handled with the utmost care to protect those at risk for harm and with respect to the client's broken confidentiality.

- **If your therapist believes that you present a clear, imminent risk of serious physical or mental injury or death to yourself,** he/she is required to take protective actions that can include notifying the police, seeking hospitalization or releasing relevant information to friends or family in order to keep you safe.
- **If you have made a specific threat of violence against another or if your therapist believes you present a clear, imminent risk of serious physical harm to another,** he/she may be required to disclose information in order to take protective actions such as notifying the potential victim, contacting the police or seeking hospitalization.
- **If your therapist has reasonable cause to believe that a child under 18 known to him/her in his/her professional capacity may be abused or neglected by a parent, caretaker or other person responsible for a child's welfare,** the law requires that he/she file a report with the local office of the Department of Children and Family Services. Once a report is filed, your therapist may be required to provide additional information.
- **If your therapist has reason to believe that an adult over 59 years old, or under 60 years and disabled, has been abused, neglected or financially exploited in the preceding 12 months,** the law requires him/her to file a report with the agency designed to receive such reports by the Department of Aging. Once such a report is filed, your therapist may be required to provide additional information.

III. Patient's Rights and Therapist's Duties

Patient's Rights:

- **Right to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** — You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may request all written communication be sent to an address other than your home address.)
- **Right to Inspect and Copy** - You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained. On your request, your psychologist or therapist will discuss with you the details of the request for access process.
- **Right to Amend** — You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. On your request, your psychologist or therapist will discuss with you the details of the amendment process.

- **Right to an Accounting** — You generally have the right to receive an accounting of disclosures of PHI. On your request, your psychologist or therapist will discuss with you the details of the accounting process and when it applies.
- **Right to a Paper Copy of Notice of Privacy Practices - You have the right to** obtain a paper copy of this notice from Clarus Center upon request.

Therapist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

IV. Questions and Complaints

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, please talk to your therapist.

If you believe that your privacy rights have been violated and wish to file a complaint with MBC, you may send your written complaint to the Secretary of the U.S. Department of Health and Human Services.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

The terms of this notice are unchanged since our first version, and thus have been in effect since April 14, 2003. We reserve the right to change the privacy policies and practices described in this notice, and make those changes effective for all protected information that we maintain. You will be notified if such changes occur. We will post a new notice in the waiting area, post the revised notice on our website, and have paper copies available. If substantial changes are made to this agreement and you are no longer in treatment with us, you will receive notification via mail by 60 days of the revision. If we fail to attempt to contact you, then we are required to abide by the terms currently in effect.

Mind Body Connections Signature Page

Please initial the following statements to indicate that you agree. If an item is not applicable please write N/A.

- _____ 1) I have received a copy of the **Notice of Privacy Practices: Version II Dated 8/04.**
- _____ 2) I have received a copy of the **Psychotherapist-Client Services Agreement.**
- _____ 3) I have signed an **Authorization Form** with the name of my insurance company, name'(s) and address of previous psychotherapists and/or treatment centers/hospitals, and name(s) and address of current treatment providers.
- _____ 4) I have provided my insurance card to be photocopied.
- _____ 5) I have provided my credit card number for coverage of overdue balances.
- _____ 6) I have requested that my credit card be billed regularly for payment.
- _____ 7) I agree to hold confidential the identities and personal information of any other clients that I may see or interact with at Clarus Center.

Your signature below indicates that you have received the **Psychotherapist-Patient Services Agreement** and the **Notice of Privacy Practices**, and that you agree to abide by its terms. These documents represent an agreement between you and your therapist. You may revoke this agreement in writing at any time. However, revoking either of these two agreements will result in termination of professional services provided to you by your therapist.

Your signature below also indicates that you have initialed all the above statements which were applicable.

Patient _____ Date _____

Parent/Guardian* _____ Date _____

Parent/Guardian* _____ Date _____

Witness _____ Date _____

* Parent signature required for clients under age 18. Signature of both parents is usually required.