



566 WEST LAKE STREET, SUITE 200, CHICAGO, ILLINOIS 60661
WWW.ENCIRCLEPSYCH.COM

Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how psychological and medical information about you may be used and disclosed and how you can access this information. PLEASE REVIEW IT CAREFULLY.

Encircle Psychological Services, LLC is required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information ("Protected Health Information" or "PHI"). We must follow the privacy practices that are described in this notice (which may be amended from time to time) while it is in effect. You may request a copy of our notice at any time.

Encircle Psychological Services, LLC is committed to protecting and preserving your privacy. We understand that health information about you is personal and that you are concerned over how it is used. This Notice of Privacy Policy Practices describes how the health care professionals and staff may use and disclose your protected health insurance to carry out your treatment, payment, and health care operations and for other purposes that are required by law and your rights as our client to access and control your protected health information.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Encircle Psychological Services, LLC may use or disclose your protected health information (PHI), for treatment, payment, and healthcare 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, Payment, and Health Care Operations"

Treatment is when Encircle Psychological Services, LLC provides, coordinates, or manages your health care and other services related to your health care. Payment is when Encircle Psychological Services, LLC obtains reimbursement for your healthcare. Health Care Operations are activities that relate to the performance and operation of our practice.

"Use" applies only to activities within [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

- "Disclosure" applies to activities outside of [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.
- "Authorization" is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

Encircle Psychological Services, LLC may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information.

Clinical records, psychotherapy notes and other disclosures require a separate signed release of information. You have a right to or will receive notification of a breach of any unsecured personal health information. "Psychotherapy Notes" are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your record. We will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice. You have a right to restrict any disclosure of PHI where you have paid for services out-of-pocket and in full.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures without Authorization

Encircle Psychological Services, LLC may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse – If we have reasonable cause to believe a child known to us in professional capacity may be an abused child or a neglected child, we must report this belief to the appropriate authorities.
- Adult and Domestic Abuse – If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.
- Health Oversight Activities – We may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and we must not release such information without a court order. We can release the information directly to you on your request. Information about all other psychological services is also privileged and

cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.

- **Serious Threat to Health or Safety** – If you communicate to us a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm. Firearm Concealed Carry Act- On July 9th 2013, Illinois passed HB 183 (Public Act 098-0063), also known as the Firearm Concealed and Carry Act. The Firearm Concealed and Carry Act expands the reporting requirements for healthcare facilities and physicians, clinical psychologists and qualified examiners to include any person that is: adjudicated mentally disabled person; voluntarily admitted to a psychiatric unit; determined to be a "clear and present danger"; and/or determined to be "developmentally disabled/intellectually disabled".
- **Worker's Compensation** – We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work- related injuries or illness without regard to fault.
- **When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law.** This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. 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 not want a family member to know that you are seeing a psychologist. On your request, we will send your bills to another 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 in the record and Psychotherapy Notes. On your request, we 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. We may deny your request. On your request, we 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, we will discuss with you the details of the accounting process.
- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Therapist's Duties

- Encircle Psychological Services, LLC is 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.
- Encircle Psychological Services, LLC reserves the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will post a notice informing you of these amendments.

V. Complaints

If you are concerned that Encircle Psychological Services, LLC has violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact us at 312-371-5680 or Info@EncirclePsych.com. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request.

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

This notice will go into effect on July 8, 2013. We will limit the uses or disclosures that we will make in the following circumstances: If the disclosure is required by law; If the disclosure is, when in good faith, needed to avoid a serious threat to health or safety of a person or the public and such use or disclosure is to a person or persons reasonable able to prevent or lessen the threat (including the target of the threat). Encircle Psychological Services, LLC reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. We will provide you with a revised notice.