

## **NOTICE OF PRIVACY PRACTICES**

### **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

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**THIS NOTICE DESCRIBES HOW HEALTH 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 FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS**

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- **PHI** refers to information in your health record that could identify you.
- **Use** applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.
- **Treatment** is when I provide, coordinate, or manage your health care and other services related to your health care. I may disclose this information to another health care provider involved in your care, such as your family physician or psychologist.
- **Payment** is when I obtain reimbursement for your health care. This may include providing your PHI, such as diagnoses and treatment services, to your health insurance plan to obtain payment or to determine eligibility or coverage.
- **Health Care Operations** are activities related to the performance and operation of my practice. This may include quality assessment and improvement activities, business-related matters such as audits, licensing or credentialing activities, reviewing health care professional qualifications, or other administrative services, and case management and care coordination.

#### **II. USES AND DISCLOSURES REQUIRING AUTHORIZATION**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained.

- An **authorization** is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information. You may also cancel an authorization at any time, in writing. Your cancellation will not affect any prior uses or disclosures permitted while your authorization was in effect. You may not revoke an authorization to the extent that (1) I have relied on that authorization, or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.
- **Psychotherapy Notes:** I will obtain your authorization before releasing psychotherapy notes, notes I may have made about our conversation during a private, group, joint, or family therapy session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

- **Individuals Involved in Care:** I may disclose your health information to a family member, friend, or other person identified by you if they are involved in your care or with payments related to your care. I may also use or disclose health information about you to notify those persons of your location, general condition, or death. You have the opportunity to object, in writing, to such uses or disclosures. In the event of an emergency, I will utilize my professional judgment to disclose only health information that is directly relevant to the person's involvement in your health care.
- **Alcohol and Drug Treatment:** PHI of alcohol or drug abuse treatment cannot be disclosed without your written consent or as permitted by 42 CFR Part 2, 77.111. Adm. Code 2060.319.
- **HIV/AIDS:** PHI relating to HIV/AIDS status cannot be disclosed without your written authorization or as permitted by 410 ILCS 305.
- **Marketing Health-Related Services:** I will obtain your authorization before using or disclosing PHI for any marketing purposes (such as sending you communications about new services I am offering).
- **Research:** I will obtain your authorization before using or disclosing PHI for any research purposes.
- **Appointment Reminders:** I may use or disclose your health information to provide you with appointment reminders (such as voicemail messages or letters).
- **Other Authorization:** You may give me written authorization to use or disclose your PHI to anyone for any purpose. I will obtain written authorization from you before using or disclosing PHI in a way that is not described in this Notice.

### III. USES AND DISCLOSURES NOT REQUIRING CONSENT OR AUTHORIZATION

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

- **Child Abuse:** If I know, or have reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that I report such knowledge or suspicion to the Illinois Department of Child and Family Services (DCFS).
- **Adult and Domestic Abuse:** If I know, or have reasonable cause to suspect, that an adult (includes vulnerable, disabled, or elderly) has been or is being abused, neglected, or exploited, I am required by law to immediately report such knowledge or suspicion to the Abuse Hotline.
- **Health Oversight:** If a complaint is filed against me with the relevant state licensing board (e.g., the Illinois Board of Psychology), that department has the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Required by Law:** I may use or disclose your health information when I am required to do so by law.
- **Judicial or Administrative Proceedings:** I may disclose your PHI in response to a court proceeding, a subpoena, or other legal process. PHI information, such as your diagnosis or treatment records, is privileged under state law. Therefore, I will not release information without (1) the written authorization of you or your legal representative, or (2) a subpoena of which you have been properly notified but have failed to inform me that you are opposing the subpoena 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 will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, I may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.
- **Worker's Compensation:** If you file a worker's compensation claim, I must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier, furnish your relevant records to those persons.
- **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 Health and Human Services (HHS) or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease of FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

- **FOID:** According to the Firearm Concealed Carry Act (PA 98-063), I have a responsibility as a psychologist to report clients who I believe pose a 'clear and present danger' to themselves or others to the Illinois Department of Human Services, via the Illinois Firearm Owner Identification (FOID) Mental Health Reporting System.

#### IV. CLIENT'S RIGHTS AND PSYCHOLOGIST'S DUTIES

##### Client's Rights:

- **Right of Access to Health Information:** You have the right to inspect or obtain copies of your PHI, with limited exceptions. You must submit this request in writing. I may charge you a reasonable fee for the costs of copies, summaries or explanations of your health information, or mailings of this requested information. Your request may be denied under certain limited circumstances. If denied, I will inform you in writing and you may be able to request a review of this denial.
- **Right to Request Restrictions:** You have the right to request, in writing, restrictions on certain uses and disclosures of PHI about you. However, I am not required to agree to a restriction you request.
- **Right to 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 therapist, so, upon your request, I will send your bills to another address.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. If you believe that any information in your record is incorrect or any important information is missing, you must submit your amendment request in writing. Your request may be denied under certain limited circumstance. On your request, I will discuss with you the details of the amendment process.
- **Right to Accounting of Disclosures:** You have the right to receive a list of instances in which I disclosed your health information, known as an accounting. I am not required to include disclosures for treatment, payment, or health care operations or certain other exceptions. On your written request, I will discuss with you the details of the accounting process.
- **Right to Paper Notice:** You have the right to request and obtain a paper copy of this Notice and any revisions made to this Notice, even if you have agreed to receive this Notice electronically.
- **Right to an Electronic Copy of the Record:** You have the right to request an electronic copy of your record, if it is applicable or easy to produce in this format. Otherwise, PHI will be produced in a format that we agree upon.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI:** You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

##### Psychologist's Duties

- I am required by applicable federal and state law to maintain the privacy of PHI and to provide you with this Notice of my legal duties, my privacy practices, and your rights with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this Notice at any time, provided such changes are permitted by applicable law. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

- If I revise any policies or procedures, I will notify you of these changes and make the new Notice available upon request.

## **V. QUESTIONS AND COMPLAINTS**

If you have questions or want more information about this Notice of Privacy Practices, please contact:

Carolyn A. Barsano, Psy.D., PLLC  
4709 Golf Road, Suite 1150, Skokie, IL 60076  
Telephone: (773) 259-4112  
E-mail: [drccarolyn@carolynbarsano.com](mailto:drccarolyn@carolynbarsano.com)

If you are concerned about my use and disclosure of your PHI or that I may have violated your privacy rights, you may contact or file a written complaint with:

Carolyn A. Barsano, Psy.D., PLLC  
4709 Golf Road, Suite 1150  
Skokie, IL 60076  
Telephone: (773) 259-4112  
E-mail: [drccarolyn@carolynbarsano.com](mailto:drccarolyn@carolynbarsano.com)

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Ave., SW  
Washington, D.C. 20201

## **VI. BREACH NOTIFICATION ADDENDUM TO POLICIES AND PROCEDURES**

1. When the Practice becomes aware of or suspects a breach, as defined in Section 1 of the breach notification Overview, the Practice will conduct a Risk Assessment, as outlined in Section 2.A of the Overview. The Practice will keep a written record of that Risk Assessment.
2. Unless the Practice determines that there is a low probability that PHI has been compromised, the Practice will give notice of the breach as described in Sections 2.B and 2.C of the breach notification Overview.
3. The risk assessment can be done by a business associate if it was involved in the breach. While the business associate will conduct a risk assessment of a breach of PHI in its control, the Practice will provide any required notice to patients and Health and Human Services (HHS).
4. After any breach, particularly one that requires notice, the Practice will re-assess its privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

## **VII. EFFECTIVE DATE, RESTRICTIONS, AND CHANGES TO PRIVACY POLICY**

This notice went into effect on April 14, 2003; **Revised September 5, 2013.**

Carolyn A. Barsano, Psy.D., PLLC

**Licensed Clinical Psychologist**

(773) 259-4112

4709 Golf Road, Suite 1150, Skokie, IL 60076

1041 N. Western Ave., First Floor, Chicago, IL 60622

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## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have read, understand, and received a copy of the 9/5/13 Notice of Privacy Practices HIPAA.

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Client Signature (if client is 12 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Carolyn A. Barsano, Psy.D., PLLC  
Licensed Clinical Psychologist

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**Section 1: BREACH NOTIFICATION**

- The HITECH Act added a requirement to HIPAA that psychologists (and other covered entities) must give notice to patients and to HHS if they discover that “unsecured” Protected Health Information (PHI) has been breached.
- **What is a breach?** A “breach” is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule. Examples of a breach include: stolen or improperly accessed PHI; PHI inadvertently sent to the wrong provider; and unauthorized viewing of PHI by an employee. PHI is “Unsecured” if it is not encrypted to government standards. A use or disclosure of PHI that violates the Privacy Rule is *presumed* to be a breach unless [the covered entity] demonstrates that there is a “low probability that PHI has been compromised.” That demonstration is done through the risk assessment.

**Section 2: What To Do if You Learn of or Suspect a Breach**

**A. Risk Assessment**

1. The Nature and Extent of PHI involved.
  2. To Whom the PHI may have been disclosed.
  3. Whether the PHI was actually acquired or viewed.
  4. The extent to which the risk to the PHI has been mitigated.
- If the risk assessment fails to demonstrate that there is a low probability that the PHI has been compromised, breach notification is required – **if** the PHI was unsecured.

**B. Notice to the Patient**

1. If notice is required, the covered entity must notify any patient affected by a breach without unreasonable delay and within 60 days after discovery.
2. The notice must be in plain language that a patient can understand. It should provide
  - A brief description of the breach, including dates,
  - A description of types of unsecured PHI involved,
  - The steps the patient should take to protect against potential harm,
  - A brief description of steps the covered entities have taken to investigate the incident, mitigate harm, and protect against further breaches; and
  - The covered entity’s contact information.
  - If all of the above information is not known when first need to send notice, a series of notices can be provided as the covered entity learns of new information.
3. Written notice must be provided by first-class mail to the patient at his/her last known address. Alternatively, notice can be provided to patients by e-mail if they have indicated that this is the preferred mode of contact.

**C. Notice to HHS**

1. For breaches affecting fewer than 500 patients, covered entity must keep a log of those breaches during the year and then provide notice to HHS of all breaches during the calendar year, within 60 days after that year ends.
2. More complicated requirements for breaches affecting 500 patients or more (not applicable to this covered entity’s practice).