

# ***Psychotherapy Associates of Chicago PC***

## **Notice of Privacy Practices**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Psychotherapy Associates of Chicago PC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices of Psychotherapy Associates of Chicago, PC you may contact them at 773.414.4577

**Effective date of this notice: April 14, 2003**

### **Use and Disclosure of Protected Health Information**

In order to provide you with effective care, there are times when Psychotherapy Associates of Chicago PC will need to share your Protected Health Information (“PHI”) with others, with your written authorization. These times include:

1. **Treatment:** We may use or disclose your PHI to provide, coordinate, or manage your health care or any related services. An example of treatment would be when we consult with another health care provider, such as your physician, another psychotherapist, or a psychiatrist.
2. **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. We may disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. We also have the right to verify that the payment information you are providing is accurate.
3. **Regular 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) provided we have a written contract with businesses that require it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.
4. **Required By Law:** Under the law, we must make disclosures of 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 Department of the Privacy Rule.
5. **Communication:** To provide continuity of care, we may contact you and have communication with you or other treatment providers, share your PHI, via the following modes: telephone, email, text messaging, voice mail, internet video conferencing

### **Information Disclosed Without Your Consent**

Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

1. **Serious Threat to Health or Safety:** If you communicate to Psychotherapy Associates of Chicago PC a specific threat of imminent harm against you or another individual, or if we have reason to believe that there is a clear, imminent risk of physical or mental injury being inflicted on you or another individual, we may make disclosures that we believe are necessary to protect you or that individual from harm.
2. **As Required by Law:** We may disclose information about you when required to do so by federal, state, or local laws and statutes, such as when mandated by a court order or if we have reason to believe that there is abuse or neglect to a child or elder.



