

Privacy of Information Policies

This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information.

Effective 4-14-03

My Legal Duties

State and Federal laws require that I keep your medical records private. Such laws require that I provide you with this notice informing you of my privacy of information policies, your rights, and my duties. I am required to abide by these policies until replaced or revised. I have the right to revise my privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed to me in an evaluation, intake, or psychotherapy session are covered by the law as private information. I respect the privacy of the information you provide me and I abide by ethical and legal requirements of confidentiality and privacy of records.

Use of Information

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client, the client's legal guardian, or personal representative. It is my policy not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person or persons, I am required either to warn the intended victim or report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, I am required to notify legal authorities and make reasonable attempts to notify the family of the client. In such cases, I may also seek to hospitalize you against your will. Illinois law may require me to notify the state police in these circumstances in order to have your Firearm Owners Identification (FOID) card revoked.

Public Safety

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

Abuse

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, I am required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, I may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

Prenatal Exposure to Controlled Substances

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

In the Event of a Client's Death

In the event of a client's death, the spouse, parents, or estate executor of a deceased client have a right to access records.

Judicial or Administrative Proceedings

Health care professionals are required to release records of clients when a court order has been placed. While I will first assert your privilege (or right to private communications), but will ultimately be required by a judge's order to disclose your personal information.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. Illinois law does offer additional provisions and protections for minors between 12 and 17 years of age.

Other Provisions

When partial or full payment for services are the responsibility of the client or other person agreeing to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be

reported to credit agencies, and the client's credit report may state the amount owed, the time-frame, and the name of the clinic or collection source.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name or any other identifying information of the client is not disclosed. Only information necessary to aid me in providing you the best treatment possible is disclosed.

In the event the clinician must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please notify me in writing where I may reach you by phone and how you would like me to identify myself. For example, you might request that when I phone you at home or work, I do not say my name or the nature of the call, but rather use my first name only. If this information is not provided to me (below), I will adhere to the following procedure when making phone calls: First I will ask to speak to the client (or guardian) without identifying who I am. If the person answering the phone asks for more identifying information I will identify myself by first name only (to protect confidentiality) and say that it is a personal call. If I reach an answering machine or voice mail I will follow the same guidelines.

Your Rights

You have the right to request to review or receive your medical (professional) files. The procedure for obtaining a copy of your medical information is as follows. You may request a copy of your records in writing with an original (not photocopied) signature. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. The charge for this service is \$1.00 per page, plus postage.

You have the right to cancel a release of information by providing me a written notice. If you desire to have your information sent to a location different than the address on file, you must provide this information in writing.

You have the right to restrict which information might be disclosed to others. While I will do my best to abide by your requests, I may disclose information when it is necessary in order to comply with legal exceptions as stated above.

You have the right to request that information about you be communicated by other means or to another location. This request must be made to me in writing.

You have the right to disagree with the medical (professional) records in my files. You may request that this information be changed. Although I might deny changing the record, you have the right to make a statement of disagreement, which will be placed in your file.

You have the right to know what information in your record has been provided to whom. Request this in writing.

You will be given a copy of this notice once we review it, you have had the opportunity to ask any questions, and you have signed the form.

Complaints

If you are concerned that I have violated your privacy rights, or disagree with a decision I made about access to your records, please bring your concern to my attention. I will get back to you in a timely manner. If the matter cannot be resolved satisfactorily, there are appropriate state and federal agencies that can provide assistance.

You may also submit a complaint to the U.S. Dept. of Health and Human Services and/or the state licensing board. If you file a complaint I will not retaliate in any way. However, you should know that Illinois law permits disclosure of information in order for me to defend against a complaint. Direct all correspondence to: Mitchell Hicks, PhD, Licensed Clinical Psychologist

I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.

Client's name (please print): _____

Signature: _____ Date: ____/____/____

Signed by: client guardian personal representative