

Weiss and Associates PLLC Notice of Privacy Practices for Protected Health Information

Any mental health professional who electronically transmits patient-identifiable information will have legal requirements under HIPAA.

Under the HIPAA Regulations, psychotherapists are legally responsible for informing prospective patients about certain rights in a "Notice of Privacy Practices."

***NOTE: some of these require the "Notice" to be amended to include setting-specific information. For example, the first item requires amending the form to include (1) state-specific information, including state laws that can limit confidentiality; and (2) setting-specific limits of confidentiality, including access by other clinicians and by non-clinical staff; and confidentiality risks created by the use of electronic technology.**

The health and billing records I maintain are the physical property of me and my practice. However, the information in it to you. You have the following rights:

I. ILLINOIS STATEMENT OF YOUR RIGHTS

- Right to be informed in advance about the provider's privacy/confidentiality policies;*
- Right to obtain access to their own records;
- Right to place certain conditions on how they are to be contacted;
- Right to request limitations on disclosures;
- Right to obtain documentation of disclosures made with or without patient consent
- Right to request amendments to their records
- Right to file grievances

II. ILLINOIS INFORMATION DISCLOSURE WITHOUT YOUR CONSENT

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

Child Abuse – If, as your clinician, I have reasonable cause to believe a child (known to me through a professional capacity) may be an abused child or a neglected child, I must report this belief to the appropriate authorities.

Adult and Domestic Abuse - If, as your clinician, I have reason to believe that an individual has been abused, neglected, or financially exploited, I must report this belief to the appropriate authorities.

Health Oversight Activities – I, as your clinician, may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.

Worker's Compensation – I may, as your clinician, 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.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and any party requests information about your evaluation, diagnosis or treatment; I, as your clinician, must release such information if ordered by the court. If you are being evaluated by a third party, or the evaluation itself is court ordered, I can release the information directly to you upon your request.

Serious Threat to Health or Safety – If you communicate a specific threat of imminent harm against yourself or another individual or if you believe that such a risk exists, I may make disclosures that I believe are necessary to protect you or that individual from harm.

In addition, the "Notice of Privacy Practices" must include a statement such as this: ***"Uses and disclosures not described in this Privacy Notice will be made only with your authorization."*** (see HIPAA "Omnibus Rule".)

III. TO REQUEST INFORMATION OR TO FILE A COMPLAINT

If you are concerned that I have violated your privacy rights, or you disagree with a decision about access to your records, please bring this to my attention. Or, if you choose, you may contact a representative of my state professional organization. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. As a mental health provider, I support your right to protect the privacy of your medical information. I will not retaliate in any way if you choose to file a complaint. In addition, if you have any questions about this notice, please contact:

Weiss and Associates PLLC

Skokie IL, 60076

Phone number: 414-454-9464

Email: charles@charlesweissandassociates.com

In other words, any disclosure of confidential information that the prospective patient was not informed about in the initial “Notice of Privacy Practices” will require obtaining the patient’s explicit consent at the time of the disclosure. This means the initial “Notice of Privacy Practices” must include an accurate description of the actual disclosure policies and potential confidentiality limits in the setting, making it very important for practitioners to use a setting-specific “Notice,” not a “canned” HIPAA form.

NOTE: The HIPAA Notice of Privacy Practices is NOT an Informed Consent Form. A signature on that form simply documents that the “Notice” was received; it does not give consent for anything. Furthermore, unless significantly amended by the psychotherapist, it does not include information required for informing patients before obtaining consent for psychotherapy.

I, _____ acknowledge receiving a copy of Weiss and Associates PLLC Notice of Privacy Practices in accordance with the Health Insurance Portability and Accountability Act.