

RESTORATION CARE AND COUNSELING PLLC
1557 Sherman Ave Suite 5 Evanston, IL 60201

NOTICE OF PRIVACY PRACTICES FORM

This notice relates to your health record with Restoration Care and Counseling PLLC and with Andrew Ross LCPC and any other therapist working for Restoration Care and Counseling PLLC. Please review it carefully.

KEY POINTS:

1. We work hard to guard your protected health information (PHI) including notes, records, and identifying information.
2. You have certain rights and choices related to your protected health information outlined more fully below.
3. We typically use your information to provide quality care for you, run the practice, send appointment reminders, and bill for services.
4. Non-typical uses are also outlined below.
5. We may maintain psychotherapy notes.
6. Certain uses of your PHI that require your authorization, such as communicating with your doctor, are outlined below.
7. Some instances may require disclosure of your PHI without your authorization including: potential danger of harm to self or other, potential child or elder abuse, audits, in response to a court order, to report a crime on my premises, to coroners, and workers compensation cases, if otherwise required by federal or state law.
8. For more information see:
<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

(Please read full text below so you have a thorough understanding.)

MY/OUR PLEDGE REGARDING YOUR HEALTH INFORMATION: The privacy of your health information is very important to me/us (Andrew Ross and any counselors or staff with Restoration Care and Counseling). I/we create a record of the care and services you receive from us. This record helps us provide you with quality care and comply with certain legal requirements. This notice will help you understand your rights, our

responsibilities, and legal requirements regarding all the records of your care generated by this mental health care practice such as contact information, notes, forms, and other medical records. These records will be referred to as your Protected Health Information or “PHI” for short.

YOUR RIGHTS:

You have the following rights with respect to your protected health information (PHI).

1. *The Right to Request Limits on Uses and Disclosures of Your PHI:* You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not in every instance required to agree to your request and may say “no” if we believe it would negatively affect your health care.
2. *The Right to Request Restrictions for Out-of-Pocket Expenses You Have Paid:* You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. *The Right to Choose How We Send PHI to You:* You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. *The Right to See and Get Copies of Your PHI:* Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that your counselor has about you. Your counselor will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable fee to cover the administrative work involved.
5. *The Right to Correct or Update Your PHI:* If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing.
6. *The Right to Get a List of the Disclosures We Have Made:* You have the right to request a list of instances in which your counselor has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an authorization. Your counselor will respond to your request within 30 days. Your counselor will provide the list to you at no charge,

but if you make more than one request in the same year, we may charge you a reasonable fee to cover the administrative expense caused by each additional request.

7. *The Right to File a Complaint If You Believe Your Rights Have Been Violated:*

Please contact Andrew Ross at the phone number on the header of this form or andy@andyrosscounseling.com if you feel your privacy rights have not been upheld. We will not retaliate if you file a complaint against us.

8. *The Right to Get a Paper or Electronic Copy of this Notice:* You have the right to get a paper or electronic copy of this notice.

YOUR CHOICES:

In the following cases, you have both the right and the choice to tell us to or to object to our:

1. *Sharing Information with Your Family, Close Friends, or Others Involved in Your Care:* If you want your counselor to communicate with any of these, please inform your counselor who you would like them to communicate with. Your counselor may provide your PHI to a family member, friend, or another person that you indicate is involved in your care or the payment for your health care unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
2. *Sharing Information in a Disaster Relief Situation.*
3. *Including your Information in a Hospital Directory:* Please note that if you are not able to tell your counselor your preference, for example, if you are unconscious, your counselor or other staff may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

TYPICAL USES AND DISCLOSURES:

How Does Restoration Care and Counseling Staff Typically Use or Share Your Health Information?

1. *To Provide Quality Care You:* We can use your health information and share it with other professionals who are treating you. We can also disclose your PHI if we consult with another health professional in order to improve the level of care we are able to offer you. *Example: we may consult with your psychiatrist or another professional regarding how best to plan for and provide care for you.* In communications where any identifying information about you is shared, it is our

standard practice to get written consent from you before sharing any PHI with other professionals.

2. *To Run the Practice:* Within the framework outlined in this notice, we can use and share your health information to run the practice, improve your care, and contact you when necessary. This may include working with billing personnel, third party insurance reimbursements, and other means of completing routine business operations such as appointment reminders and communication about logistical details. Administrative staff who are hired or contracted to help with administrative work such as bookkeeping will be required to sign a confidentiality agreement not to disclose any protected health information that they may encounter in the course of carrying out their administrative tasks such as billing, bookkeeping, etc. *Examples: Your counselor may use health information about you to make choices about what to address in particular sessions, to contact you about meeting times, etc.*
3. *Bill for Your Services:* We can use and share your health information to bill and get payment from health plans or other entities. Insurance companies may also at times request medical records about clients who are using their services. *Example: Your counselor may give basic information including name, diagnosis, and dates of service to your health insurance plan so it will pay for your services.*

NON-TYPICAL USES THAT MAY ARISE:

How else may we use or share your protected health information?

1. *Lawsuits and Disputes:* If you are involved in a lawsuit, Restoration Care and Counseling staff may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful processes by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may also disclose health information in our defense should legal proceedings be instituted by the client whose health information is being requested.
2. *For research purposes* including studying and comparing the mental health of patients who received one form of therapy versus those who received another for the same condition. Identifying information will remain protected according to ethical and legal requirements during the course of any research.
3. *Education and training:* Sometimes helping professionals may carefully and sensitively draw on experiences from their clinical work when teaching or writing

in order to promote the public good or train others doing similar work such as new counselors. If this situation ever arises, care is required and will be taken not to include any identifying information that would reveal the identity of any client.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. *Psychotherapy Notes:* Staff at Restoration Care and Counseling may keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501. Notes may be stored in hard copy or electronically. Any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For our use in treating you. b. For our use in training or supervising mental health practitioners to help them improve their therapeutic and counseling skills. c. In our defense should legal proceedings be instituted by the client. d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA. e. In response to legitimate audit requests by third party payers such as Medicaid or an insurance company f. Required by a coroner who is performing duties authorized by law. g. If necessary to help avert a serious threat to the health and safety of others.
2. *We will not use or disclose your PHI for marketing purposes.*
3. *We will not sell your PHI in the regular course of our business.*

OUR RESPONSIBILITIES THAT MAY REQUIRE DISCLOSURE OF YOUR PHI WITHOUT YOUR AUTHORIZATION.

Our responsibilities as professional counselors may require us to disclose some or all of your health record in the following cases:

1. *If there seems to be a significant risk of harm to self or other* including cases of child or elder abuse/neglect: [See informed consent form for more details]
2. *To comply with requirements of the Illinois Concealed Carry Act.* [see informed consent form for more details]
3. *When disclosure is otherwise required by state or federal law* and the use or disclosure complies with and is limited to the relevant requirements of such law.
4. *For health oversight activities:* including audits and investigations if and when legitimate and legally required.
5. *In response to judicial and administrative proceedings:* including responding to a court or administrative order, although our preference is to obtain an authorization from you before doing so.

6. *To report a crime occurring on our premises.*
7. *To coroners or medical examiners:* when such individuals are performing duties authorized by law.
8. *For workers' compensation purposes:* Although our preference is to obtain an authorization from you, we may provide your PHI in order to comply with workers' compensation laws.

MORE INFORMATION: For more information about federal law related to protected health information see:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

FUTURE UPDATES: Restoration Care and Counseling PLLC and Andrew Ross reserve the right to update this agreement from time to time, updated forms available upon request.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FORM: Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this form, you are acknowledging that you have received a copy of our HIPAA Notice of Privacy Practices form. Additional copies can be requested at any time.

EFFECTIVE DATE OF THIS NOTICE:

Original effective date: May 1, 2018

Updated: January 20, 2022