

Center on Halsted must obtain your written authorization before using or disclosing your PHI for certain purposes. For example, written authorization is required before releasing your psychotherapy notes. "Psychotherapy Notes" are notes your provider makes about conversations during a private, group, joint, or family counseling session. Center on Halsted must also obtain your written authorization before using or disclosing your PHI for any reason other than those described in this Notice.

Whenever Center on Halsted must obtain your written authorization to use and share specific information, you may revoke that authorization at any time. You must provide each revocation to Center on Halsted in writing. That revocation will prohibit Center on Halsted from using or sharing that information going forward. Note that Center on Halsted may already have taken actions to use or share your PHI based on your prior authorization. Also, if your authorization was obtained as a condition of obtaining insurance coverage, applicable law provides the insurer the right to contest the claim under the policy.

YOUR RIGHTS

You have certain rights with respect to your PHI. Those rights include:

- **Right to Inspect and Copy Your Record**
You have the right to inspect and copy PHI that may be used to make decisions about your care as long as the PHI is maintained in the record or psychotherapy notes. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. Center on Halsted may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI Center on Halsted has about you is incorrect or incomplete, you may ask Center on Halsted to amend the information. However, Center on Halsted is not required to agree to the amendment.
- **Right to an Accounting of Disclosures**
You generally have the right to receive an accounting of the disclosures Center on Halsted makes of your PHI. Center on Halsted may charge you a reasonable fee if you request more than one accounting in any 12-month period.

- **Right to Request Restrictions.** You have the right to request a restriction on certain uses and disclosures of your PHI for treatment, payment, or business operations. However, Center on Halsted is not required to agree to your request.
- **Right to Request Confidential Communication**
You have the right to request that Center on Halsted communicate with you about provider matters in a certain way or at a certain location. For example, you may not want a family member to know that you are receiving services at Center on Halsted. At your written request, Center on Halsted will send any written communications to another address.
- **Right to a Copy of this Notice**
You have the right to a copy of this notice.

CHANGES TO THIS NOTICE

Center on Halsted reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Center on Halsted maintains at the time of the change. Center on Halsted will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail at your request, or providing one to you at your next appointment.

COMPLAINTS

If you believe Center on Halsted has violated your privacy rights, or if you disagree with a decision Center on Halsted made about access to your records, you have the right to file a complaint in writing with:

Center on Halsted
Privacy and Security Officer
3656 N. Halsted St.
Chicago, Illinois 60613

You may also send a written complaint to:

Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

or by calling 202.619.0257.

Center on Halsted is prohibited by law from retaliating against you for filing a complaint.

The effective date of this notice is June 1, 2014.

**CENTER
ON 3656 N.
HALSTED**

HIPAA 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.

The privacy of your medical information is important to Center on Halsted. When you receive care at Center on Halsted, a record is made of the information that you provided to Center on Halsted and the services you received. This record contains Protected Health Information (PHI) about you. PHI is information in your record that could identify you, and which may include your past, present, or future physical or mental health or condition, health care services provided to you, and payment information. This Notice of Privacy Practices describes how Center on Halsted may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

As used in this Notice, "provider" refers to a counselor, therapist, case manager, intake worker, or other person working for Center on Halsted who provides services to you at Center on Halsted.

CENTER ON HALSTED'S RESPONSIBILITIES

Center on Halsted is required by law to maintain the privacy and security of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify individuals following a breach of unsecured protected health information. Center on Halsted is required to abide by the terms of this Notice of Privacy Practices and to provide you with a copy. Center on Halsted will not use or share your information other than as described in this Notice unless you agree in writing.

HOW CENTER ON HALSTED TYPICALLY USES AND SHARES YOUR INFORMATION

Before you receive treatment at Center on Halsted, Center on Halsted asks you to provide us with your written consent to use and share your PHI for certain purposes. Among other purposes, Center on Halsted requests your consent to use PHI in order to provide you with treatment, to process your payment and billing information, and to run our organization.

For Treatment Your PHI may be used and shared by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. An example of treatment includes a consultation with clinical supervisors or other treatment team members, such as your general physician or psychiatrist.

For Payment Center on Halsted may use and share PHI so that Center on Halsted can receive payment for the healthcare services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, or reviewing services provided to you to determine medical necessity. If it becomes necessary to use collection processes due to lack of payment for services, Center on Halsted will only disclose the minimum amount of PHI necessary for purposes of collection.

For Business Operations Center on Halsted may use or share your PHI as needed in order to support our business activities, such as conducting quality assessments, reporting, and obtaining necessary licenses. Center on Halsted may also share your PHI with third parties that perform various business activities (e.g. billing or typing services), provided Center on Halsted has a written contract with those third parties that requires them to safeguard the privacy of your PHI.

OTHER USES AND DISCLOSURES

There are state and federal laws that may require or allow Center on Halsted to release your PHI to others without your authorization. Uses and disclosures may be made without your authorization in the following circumstances:

- **Child Abuse**—If your provider has reasonable cause to believe that a child known to your provider in his/her professional capacity may be an abused or neglected child, your provider must report that belief to the appropriate authorities. Center on Halsted may disclose your PHI if doing so is necessary for your provider to meet this obligation.
- **Adult and Domestic Abuse**—If your provider has reason to believe that an individual who is protected by law has been abused, neglected, or financially exploited, your provider must report that belief to the appropriate authorities. Center on Halsted may disclose your PHI if doing so is necessary for your provider to meet this obligation.
- **Health Oversight Activities**—Center on Halsted may disclose your PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions. In addition, Center on Halsted must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with federal law.
- **For Public Health Activities**—Center on Halsted may disclose your PHI to a government agency that oversees the health care system or government programs for activities such as preventing or controlling disease or activities related to the quality, safety, or effectiveness of a product or activity regulated by the Food and Drug Administration (FDA).
- **Judicial and Administrative Proceedings** Center on Halsted may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances.

- **Serious Threat to Health or Safety** If you communicate a specific threat of imminent harm against another individual to your provider or if your provider believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, a disclosure of your PHI may be made if considered necessary to protect that individual from harm. If your provider believes that you present an imminent, serious risk of physical or mental injury or death to yourself, your provider may make disclosures of your PHI considered necessary to protect you from harm.
- **Worker's Compensation**—Center on Halsted may disclose your PHI as authorized by, and to the extent necessary to comply with, laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- **Law Enforcement**—Center on Halsted may disclose your PHI to law enforcement officials under limited circumstances. For example, in response to a warrant or subpoena, or for the purpose of identifying or locating a suspect, witness, or missing person, or to provide information concerning victims of crimes.
- **Required by Law**—Center on Halsted may disclose your PHI when required to do so by law.
- **Research**—Center on Halsted may disclose your PHI to researchers, if certain established steps are taken to protect your privacy.
- **For Specialized Government Functions** Center on Halsted may disclose your PHI to certain government agencies in certain circumstances or situations, including to a correctional institution if you are an inmate in a correctional facility, to an authorized federal official when it is required for lawful intelligence or other national security activities, or to an authorized authority of the Armed Forces.

YOUR CHOICES

You have certain choices concerning how Center on Halsted uses and shares your PHI. For instance, with your permission, Center on Halsted may share your information with your family members who are directly involved in your treatment. If you have preferences in this regard, or would like to discuss your options, please let the Center on Halsted employee treating you know.