

## Advanced Psychology Services, LLC

### NOTICE OF PRIVACY PRACTICES

We respect our clients' confidentiality and only release information about you in accordance with state and federal laws.

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice describes our policies related to the use of the records of your care. We are required to give you this Notice about (1) the use and disclosure of your health information, (2) our legal responsibilities, and (3) your rights concerning your health information and to abide by the terms of this notice.

You may request a copy of this Notice at any time. For more information about our privacy practices, or for additional information, contact Dr. Leslie Crea-Kammerer at 2835 N. Sheffield Avenue, Suite 516, Chicago, Illinois 60657 or via phone (708-716-4624), email (dr.leslie.ck@advancedpsychologyservices.com), or our Client Portal.

## Use and Disclosure of Protected Health Information

We use and disclose the *minimum necessary health information* about you for your treatment, for payment for your services, and for our business operations.

1. **For Treatment.** We may disclose your health information for the purpose of obtaining supervision or consultation related to our work with you. Sharing such information may also be recommended to help you access referrals or other recommended services, or to otherwise enhance your treatment. If we wish to obtain or provide information from/to another provider outside of Advanced Psychology Services, we will have you sign an authorization for release of that information.
2. **For Payment.** We may use and disclose your health information to obtain payment for services we provide to you as described in our Informed Consent and Policies and Procedures. For example, we may need to give insurance companies or other agencies the minimum necessary information in order for them to pay us for the service we have provided to you.
3. **For Business Operations.** We may use or disclose your health information as part of our internal business operations and to improve your care. For example, this may include a review of records to assure quality or using your PHI to contact you to remind you that you have an appointment. We may also use your information to tell you about services, educational activities, and programs that we feel might be of interest to you.
4. **For Marketing/Sales.** We will not sell your PHI or use it for external marketing purposes.

## Information Disclosed Without Your Consent

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

1. **Emergencies.** Sufficient information may be shared to address an immediate emergency you are facing.
2. **Judicial and Administrative Proceedings.** We may disclose your personal health information in the course of a judicial or administrative proceeding in response to a valid court order or other lawful process, including if you were to make a claim for Workers Compensation.
3. **Public Health Activities.** If we feel you are an immediate danger to yourself or others, we may disclose health information about you to authorities or other individuals for the purpose of maintaining safety. This

may include Illinois requirements to report PHI under certain circumstances (imminent danger to self or others or diagnosis of certain intellectual or developmental disabilities) as outlined by the Illinois Department of Human Services (DHS) Firearm Owner's Identification (FOID) Mental Health Reporting System and the Firearm Concealed Carry Act (Illinois HB 183, Public Act 098-0063).

4. **Abuse or Neglect of Children/Elderly/Disabled or Dependent Adults.** If there are any indications of abuse or neglect of a child, elderly person, or disabled or dependent adult, we are required to notify appropriate authorities.
5. **Criminal Activity or Danger to Others.** We may disclose health information if a crime is committed on our premises or against our personnel, or if we believe there is someone who is in immediate danger.
6. **National Security or Intelligence Activities.** We may release health information about you to authorized federal officials as authorized by law for the purpose of national security.
7. **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These activities might include audits or inspections and are necessary for the government to monitor the health care system and assure compliance with civil rights laws. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements. The minimum necessary information will be provided in these instances.
8. **Business Associates.** Advanced Psychology Services may disclose the minimum necessary health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, the company that provides and maintains our practice management software is a business associate that may have access to PHI. All of our business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
9. **Research.** Under certain circumstances, PHI can also be used for research projects. In such cases, the project will go through a special approval process that includes a consent form for clients to sign if they are included in the research study. Client information may also be used in efforts to evaluate the effectiveness of treatment services or programs; in those cases, the minimal amount of PHI necessary would be used and results would be aggregated in a non-identifying manner.
10. **Marketing.** Advanced Psychology Services may send you newsletters or information about services we provide in which we feel you might be interested. You may at any time request that your name be removed from our mailing list. We will not disclose any information to a third party for their use in telemarketing, direct mail marketing, or marketing through electronic mail.
11. **Scheduling Appointments.** Advanced Psychology Services may use your PHI to schedule or remind you of appointments. This may be done via phone messages, email, or text, and you will have the opportunity to authorize what methods are acceptable or not for such reminders.

## Your Rights Regarding Your Health Information

1. **Right to Inspect and Copy.** You have the right to look at or get copies of your health information and treatment records, with limited exceptions. You can also request a summary of your records or treatment information if you choose. Your request must be in writing. If you request a copy of the information, a reasonable charge may be made for the costs incurred.
2. **Right to Amend.** You have the right to request that we amend your record if you believe there is something incorrect, missing, or that you otherwise object to. Your request must be in writing, and it must explain why the information should be amended. We will take your request very seriously and will confirm whether or not such a request is approved.
3. **Right to an Accounting of Disclosures.** You have the right to receive a list of instances in which we have disclosed your health information for a purpose other than treatment, payment, or business operations. To request an accounting of disclosures, you must submit your request in writing to Dr. Crea-Kammerer. Such accountings remain available for six years after the last date of service provided by Advanced Psychology Services.
4. **Right to Notification.** You have the right to and will receive notifications of breaches of security of your PHI.
5. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you could ask that we not share information with an insurance company, but in that case you may be responsible to pay in full for the services provided. You can do this during treatment or after completion of treatment services. Such requests should be made in writing to Dr. Crea-Kammerer. **We are not required to agree to your request, but we will consider the request very seriously.** If we agree, we will abide by our agreement unless the information is needed in an emergency or by law.

6. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you only by mail or at work. You must make this request in writing and it must specify the alternative means or location that you would like us to use to provide you information about your health care. We will make every attempt to accommodate any reasonable requests.
7. **Right to Obtain a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice and any amended notice upon request. Copies will be available at our office. You may also obtain a copy of this notice at our web site, [www.advancedpsychologyservices.com](http://www.advancedpsychologyservices.com).

Any other uses and disclosures not set out in the information above will be made only with your written authorization. You may revoke a written authorization for release of information at any time. The revocation must be in writing, will become effective as soon as it is received, and will only be for disclosures not already completed.

We reserve the right to change our privacy practices provided such changes are permitted by applicable law. Before the effective date of a material change, however, we will change this Notice and make a new Notice available to you at our office, on our website, and in the Client Portal.

## Questions and Complaints

If you believe your privacy rights have been violated, you may file a complaint with us, or you may file a complaint with the U. S. Department of Health & Human Services. To obtain additional information, or to file a complaint with us, contact Dr. Crea-Kammerer. **We will not retaliate in any way if you choose to file a complaint.**

*This Notice is effective 10/01/2019*