**ILLINOIS HIPAA PRIVACY PRACTICES**

**I. Notice of Privacy Practices.**

Federal and Illinois laws provide you with the right to be informed about your

health information. Per the Health Insurance Portability and Accountability Act

(HIPAA) of 1996, this notice describes how psychological and health information

about you may be used and disclosed, your rights regarding these uses and

 how you can access this information. *Please review carefully*.

**II. Understanding Your Health Information and Health Record.**

Each time you visit Dr. Diane L. Randall, she will document

information about you and your visit. Typically, this record is referred to as your

Behavioral Health Record and contains your name, symptoms, history, diagnoses,

treatment given and plan for future treatment. This record is used to document and

plan your treatment and be a source of your health information.

**III. Use and Disclosure of Your Health Information.**

Dr. Diane L. Randall may use or disclose your *Protected Health Information* (PHI) for

treatment, payment and health care operation purposes with your written

authorization. Dr. Diane L. Randall may also disclose PHI for payment purposes with

your general consent.

To help clarify these terms, here are some definitions:

 “PHI”: Information in your health record that could identify you.

 “treatment”: When Dr. Diane L. Randall provides, coordinates, or manages your

health care and other services related to your health care. An example of

treatment would be when Dr. Diane L. Randall consults with another health care

provider, such as your family physician or another psychologist.

 “payment”: When Dr. Diane L. Randall obtains reimbursement for your healthcare.

An example is when Dr. Diane L. Randall discloses your PHI to your Health insurer

to obtain reimbursement for your health care or to determine eligibility or coverage.

 “health care operations”: Activities that relate to the performance and

operation of therapy practices. Examples of health care operations are

quality assessment and improvement activities, business-related matters

such as audits and administrative services, and case management and care

coordination.

 “use”: Applies only to activities within Dr. Diane L. Randall’s office or practice

such as sharing, employing, applying, utilizing, examining, and analyzing

information that applies to you.

 “disclosure”: Applies to activities outside of Dr. Diane L. Randall’s office or

practice such as releasing, transferring, or providing access to information about

you to other parties.

 “authorization”: Is your written permission to disclose confidential mental

health information. All authorizations to disclose must be on a specific legally

required form.

**IV. Other Uses and Disclosures Requiring Authorization.**

Dr. Diane L. Randall’s may use or disclose PHI for purposes outside of treatment,

payment or healthcare operations when your authorization is obtained. In those

instances, when Dr. Diane L. Randall is asked for information for purposes outside of

treatment, payment, or health care operations, she will obtain an authorization from

you before releasing this information.

You may revoke all such authorizations at any time provided each revocation is in

writing. You may not revoke an authorization to the extent that 1) the use or

disclosure has already happened; or 2) if the authorization was obtained as a

condition of obtaining insurance coverage, law provides the insurer the right to

contest the claim under the policy.

Dr. Diane L. Randall will obtain an authorization from you before using or disclosing

PHI in a way that is not described in this Notice.

**V. Uses and Disclosures *without* Authorization.**

Dr. Diane L. Randall’s may use or disclose PHI without your consent or authorization

In the following circumstances:

 *Serious Threat to Health or Safety*. If you communicate am

specific threat of imminent harm against another individual or if

there is clear, imminent risk of physical or mental injury being inflicted against

another individual, Dr. Diane L. Randall may make disclosures believed necessary to

protect that individual from harm. If Dr. Diane L. Randall believes that you present

an imminent, serious risk of physical or mental injury or death to yourself,

Dr. Diane L. Randall may make disclosures believed necessary to protect you from

harm.

 *Child Abuse*. If Dr. Diane L. Randall knows of or has *reason to suspect* a child

known to her in her professional capacity may be an abused child or a neglected

child, she *must* legally report this to the appropriate authorities.

 *Elder Abuse*. If Dr. Diane L. Randall knows of or has *reason to*

*suspect* that an individual (who is protected by state law) has been abused,

neglected, or financially exploited, she must report this belief to

the appropriate authorities.

 *Health Oversight Activities*. Dr. Diane L. Randall may disclose PHI regarding you

to a health oversight agency for oversight activities authorized by law,

including licensure or disciplinary actions.

 *Judicial and Administrative Proceedings*. If you are involved in a court

proceeding and a request is made for information by any party about your

evaluation, diagnosis, treatment, or the records thereof, such information is

privileged under state law. Dr. Diane L. Randall must not release such information

without a court order. She can release the information directly to

you upon your request. Information for all other psychological services is

also privileged and cannot be released without your authorization or a court

order. The privilege does not apply when you are being evaluated for a third

party or where the evaluation is court ordered. You must be informed in

advance if this is the case.

There may be additional disclosure of PHI that Dr. Diane L. Randall is required or

permitted by law to make without your consent or authorization (when the use

or disclosure without your consent or authorization is allowed under other

sections of Section 164.512 of the Privacy Rule and the Illinois confidentiality

law). However, the disclosures listed above are the most common.

Dr. Diane L. Randall may, without your written permission, release your PHI

information for the purposes described below:

 *Business Associates*. We provide some services through other persons or

companies that need access to your name or health information to carry out

these services. The law refers to these persons or companies as “Business

Associates.” An Answering Service, Billing or Collection Service are examples

of such Associates.

 *Law Enforcement Officials*. Dr. Diane L. Randall may disclose your PHI to the

police, other law enforcement officials, and to the courts or administrative

proceedings as allowed or required by law, or required by a court order or other

legal process.

 *Relatives, Close Friends or Caregivers*. You or your representative must tell

Dr. Diane L. Randall which of your relatives or other persons may receive

information about you. After learning who these persons are, she may, in her

best judgment, use and disclose your health information, to notify these

persons of what they need to know to care for you. In an emergency or other

situation where you are not able to identify your chosen person(s) to receive

communications about you, Dr. Diane L. Randall may exercise her professional

judgment to determine whether such a disclosure is in your best interest, who is the

appropriate person(s), and what PHI is relevant to their involvement with

your healthcare or safety.

**VI. Patient Rights.**

Your Behavioral Health Record is the physical property of Diane Randall, Clinical

Services. However, the information within the record belongs to you. Federal and

Illinois laws provide you with the following rights regarding the PHI contained in

the record keeps Diane Randall, Clinical Services about you:

 *Right to this document.* You have the right to obtain a paper copy of this

Notice upon request.

 *Right to request restrictions.* You have the right to request restrictions on

certain uses of PHI. However, Dr. Diane L. Randall is not required to follow those

restrictions if they conflict with her obligation of PHI (e.g., **V. Uses**

**and Disclosures *without* Authorization**).

 *Right to inspect and copy*. You have the right to inspect and/or obtain a copy

of your PHI for as long as it is maintained by Diane Randall, Clinical

Services. Upon your request, Dr. Diane L. Randall will discuss with you the details of

the request as part of the access process.

 *Right to request an amendment.* You have the right to request an amendment

of your PHI for as long as the PHI is maintained by, Diane Randall, Clinical

Services. Upon your request, Dr. Diane L. Randall will discuss with you the details of

the amendment process. She may deny your request.

 *Right to an accounting*. You have the right to obtain a list of all the people

and companies which Diane Randall, Clinical Services has released your PHI.

 *Right to restrict disclosures when paid out-of-pocket.* You have the right to

restrict certain disclosures of your PHI to a health plan when you pay for

your care out-of-pocket.

 *Right to request communication by alternative means*. You have the right to

receive confidential communications of your PHI at a confidential phone

number or address.

 *Right to be notified of a breach*. You have a right to be notified if: (a) there is a

use or disclosure of your PHI in violation of the HIPAA Privacy Rule; (b) that

PHI has not been encrypted to government standards; and (c) your

 Dr. Diane L. Randall’s risk assessment fails to determine that there is a low

 probability that your PHI has been compromised.

 *Right to revoke consent*. You have the right to revoke your written

consent/authorization to use or disclose your health information except

when the use or disclosure has already happened.

V**II. Diane Randall, Clinical Services, Responsibilities.**

 Maintain the privacy of PHI as required by Federal and Illinois law.

 Provide you with a Notice of legal duties and privacy practices with respect

to PHI collected and maintained about you.

 Reserve the right to change the terms of this Notice and to make the new

Notice provisions effective for all PHI that Diane Randall, Clinical

Services maintains. If policies and procedures are revised, Diane Randall, Clinical

Services will notify you of the revised Notice at your next meeting or by mail.

Unless notified of such changes, however, Diane Randall, Clinical

Services will abide by the terms currently in effect.

**VIII. Effective Date**

This notice will go into effect on 04/15/19.

The signature below acknowledges that this Notice was delivered to:

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Name of Patient

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Signature of Patient

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Date