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This notice went into effect on March 16th, 2021.

## NOTICE OF PRIVACY PRACTICES & NOTICE OF RECEIPT

### **Policies and Practices to Protect the Privacy of Patient Health Information**

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

The National Anxiety Institute, Ltd is committed to protecting your privacy and maintaining confidentiality in accordance with Illinois and federal law.

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

We may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *written authorization*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment, and Health Care Operations*”
  - *Treatment* is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another therapist. – *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to assist you in obtaining reimbursement for your health care or to determine eligibility or coverage. – *Health Care Operations* are activities that relate to the performance and operation of our practice. 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 our practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our 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.

## **II. Other Uses and Disclosures Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes we have made about our conversations during a private, group, joint, or family counseling sessions, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

We will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) the authorization was obtained as a condition of obtaining insurance coverage, in which case law provides the insurer the right to contest the claim under the policy.

## **III. Uses and Disclosures without Authorization**

We may use or disclose PHI without your consent or authorization in the following circumstances:

This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA- regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

- *Child Abuse* – If we have reason to believe that a child has been subjected to abuse or neglect, we must report this belief to the appropriate authorities.

- *Adult and Domestic Abuse* – We may disclose protected health information regarding you if we reasonably believe that you are a victim of abuse, neglect, self-neglect or exploitation.

- *Health Oversight Activities* – If we receive a subpoena from any Illinois Board of Examiners of Psychologists because they are investigating our practice, we must disclose any PHI requested by the Board.

- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such

information is privileged under state law, and we will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- *Serious Threat to Health or Safety* – If you communicate a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

- *FOID Mental Health Reporting Requirement* – According to the Illinois Firearm Concealed and Carry Act, we are required to notify the Department of Human Services (DHS) if a client is determined to be a clear and present danger to himself/herself or others, developmentally disabled, or intellectually disabled. For more information about this law, please see <https://foid.dhs.illinois.gov/foidpublic/foid/>

- *Criminal Activity* – If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal.

#### **IV. Patient's Rights and Therapist's Duties**

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.

- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are receiving services at the practice. On your request, we will send your bills to another address.) We have a specific form on which you can list your authorized means of communications. It will be understood that there may be times when you may provide your therapist with additional ways in which to communicate, outside of those listed on the form you have signed. It will be understood that these also will be considered patient authorized confidential communications. (For example, you are out of town and wish to speak to your therapist. In such a case, you may leave a voicemail providing your therapist with a contact number by which you would like the therapist to communicate with you even though that number is not listed on your authorization form.)

- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You have the right to inspect or obtain a copy

(or both) of Psychotherapy Notes unless we believe the disclosure of the record will be injurious or detrimental to your health. On your request, we will discuss with you the details of the request and denial process for both PHI and Psychotherapy Notes.

- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket* – You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for services.
- *Right to Be Notified if There is a Breach of Your Unsecured PHI* – You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

#### Therapist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will post a sign in our office and provide copies of the revised policy.

#### **V. Questions**

If you need more information or have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, please contact Dr. Jenna Sheftel by phone at 224-377-0344.

If you believe that your privacy rights have been violated and wish to file a complaint, you may vocalize, or state in writing, your complaint to Dr. Jenna Sheftel, by phone at 224-377-0344 or by mail at 1916 Noyes St, Front Building C, Evanston, IL 60201.

You also have a right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

#### **VI. Effective Date, Restrictions, and Changes to Privacy Policy**

This notice went into effect on March 16th, 2021.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by posting a sign in our office and making copies of the revised notice available.