



Phoenix Rising Solutions, LLC

333 N. Randall Road, Suite 21

St. Charles, IL 60174

(630) 526-4325

HIPPA Notice of Privacy Practices/Limits to Confidentiality

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.

Effective Date: July 1, 2012

The rules for confidentiality of mental health records are detailed in the Illinois Mental Health and Developmental Disabilities Confidentiality Act and in the privacy rules of the Health Insurance Portability and Accountability Act. Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Phoenix Rising Solutions, LLC, its therapists, and staff respect your privacy and only release medical information in accordance with federal and state laws. Any client information in paper form is locked in a filing cabinet and any electronic information is password protected to ensure your privacy. This notice describes our policies related to the use and disclosure of your records for your care.

Use and Disclosure of Protected Health Information For the Purpose of Providing Services:

Treatment: We may use or disclose medical information about you to provide, coordinate, or manage your care or any related services, including sharing information with others that I may be consulting with or referring to.

Payment: Information will be used in order to obtain payment for treatment provided. This will include contacting your insurance company to verify insurance and coverage and for billing purposes, such as processing claims and collecting fees.

Healthcare Operations: We may use information about you to coordinate business activities. This may include billing activities, scheduling appointments, and reviewing your care.

Insurance Providers: Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.



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Access to Your Mental Health Record:

- 1) an adult recipient of services, defined as 18 years of age or older
- 2) the parent/guardian of a child who is under 12 years of age
- 3) the recipient if s/he is 12 years of age or older
- 4) the parent/guardian of a recipient who is at least 12 years of age but under 18, if the recipient does not object or if the therapist does not find that there is a compelling reason for denying access. Nothing in this statement is intended to prevent a parent/guardian of a child who is at least 12 but under 18 from requesting and receiving the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed
- 5) a legal guardian of a recipient who is 18 years of age or over
- 6) an attorney, guardian ad litem, or power of attorney or other person who is legally authorized to access the record

Information Disclosed Without Your Consent

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

1) Mandated Reporting/As Required By Law:

- **Danger to Self or Others:** When a client discloses intentions or a plan to harm another person, when there is prenatal exposure to controlled substances, or when the client discloses or implies a plan for suicide, the mental health professional is required to report this information to legal authorities. We will make reasonable attempts to notify the family of the client when the client is suicidal.
- **Abuse of Children and Vulnerable Adults:** If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

2) **Emergency Medical Care:** Sufficient information may be shared to address the immediate emergency you are facing if you are not in a condition to waive or assert your rights.



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3) Criminal Activities: If a crime is committed on the premises or against anyone on the premises, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

4) Follow-Up Appointment/Care: We may be contacting you to remind you of future appointments, for information about treatment alternatives, or for other health related benefits and services that may be of interest to you.

5) Governmental Requirements: We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. We are also required to share information if requested with the Department of Health and Human Services to determine compliance with federal laws related to health care.