



# HIPAA

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.

**1) 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. We may also disclose PHI for payment purposes with your general consent. By signing below, you understand that it is your responsibility for all payments to Dr. Jeffrey A. Fishbein & Associates. You hereby consent to the release of any medical information necessary to aid in the processing of insurance claims if applicable. Additionally, you agree to allow the offices of Dr. Jeffrey A. Fishbein & Associates to send invoices over the email you supply.

**2) 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 conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI. 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) if the authorization was obtained as a condition of obtaining insurance coverage.

**3) Uses and Disclosures without Authorization:**

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

- o **Child Abuse:** If we have reasonable cause to believe a child known to us in our professional capacity may be an abused child or a neglected child, we must report this belief to the appropriate authorities.
- o **Adult and Domestic Abuse:** If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.
- o **Serious Threat to Health or Safety:** If you communicate to us 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 considered necessary to protect you from harm.
- o **Other:** Health Oversight Activities, Judicial and Administrative Proceedings with a court order, and workers compensation. For a full list, please look under Section 164.512 of the Privacy Rule and the state's confidentiality law.

**4) Patient's Rights and Psychologist's Duties:**

-Patient's Rights:

Right to request restrictions, to receive confidential communications by alternative means and at alternative locations, to inspect and copy records, to amend, to accounting, to a paper copy, to restrict disclosures when you have paid for your care out-of-pocket, and to be notified if there is a breach of your unsecured PHI.

-Psychologist'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, you will be notified.

**5) Complaints:**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact your therapist at 847-267-0001 or write to us at 155 Revere Drive, Suite 12, Northbrook, IL 60062. You may also send a written complaint to 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.

**6) Effective Date, Restrictions, and Changes to Privacy Policy:**

This notice will go into effect on 01/01/2022. 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 revision by verbal and written notice. The signature below acknowledges that this notice was delivered to:

\_\_\_\_\_  
Name of Adult Client (18+)

\_\_\_\_\_  
Signature of Client (18+)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Client (12-17)

\_\_\_\_\_  
Signature of Client (12-17)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent (If Client is under 18)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date