

**NORTH SHORE CONSULTATION CENTER  
NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS STATEMENT**

1535 Lake Cook Road, Suite 111  
Northbrook, Illinois 60062  
Phone: 847-498-4744

Welcome to North Shore Consultation Center. This notice describes policies related to the use of records of your care as well as your rights as a client seeking treatment services. If you have any questions about this policy or your rights, do not hesitate to ask. We respect patient confidentiality and only release medical information about you in accordance with Illinois and federal laws. This notice describes our policies related to the use of the records of your care generated by this practice.

Privacy contact: If you have any questions about this policy or your rights, please contact your clinician.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE  
REVIEW IT CAREFULLY.

Effective Date: April 1, 2016

**USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Information Disclosed With Your Consent: In order to provide effective care, there are times when patient information should be shared with others.

Treatment: Treatment information about you may be disclosed to provide, coordinate, or manage your care or any related services, including sharing information with others who are being consulted or to whom you are being referred.

Payment: Information will be used to obtain payment for treatment and services provided. This might include contacting your insurance company for prior approval of planned treatment, diagnostic and procedure information, or for billing purposes.

Information Disclosed Without Your Consent: Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

- Emergencies: Sufficient information may be shared to address the emergency you are facing.
- Follow-up Appointments: You may be contacted to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Unless instructed not to do so, information may be left on voice mail or an answering machine.
- As Required By Law: This would include situations where there is a subpoena, court order, or a mandate to provide public health information. This would also include situations of suspected child abuse, elder abuse, or institutional abuse.
- Governmental Requirements: Information may be disclosed to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure.
- Criminal Activity or Danger to Self or Others: If a crime is committed on our premises or against our personnel, 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. When there is a serious threat to your health or safety or the health and safety of another individual or the public, we will share the information with a person or organization in order to prevent or reduce the threat.

Information disclosed without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and that state's confidentiality law. 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.

**PATIENT RIGHTS**

Under Illinois and federal law, you have the right to not be denied services on the basis of age, gender, race, religious beliefs, ethnic origin, marital status, physical or mental disability, sexual orientation, HIV status, or criminal record. You are entitled to receive services in the least restrictive environment and in accordance with the Americans with Disabilities Act. You have the right to confidentiality of your records provided under Illinois Law, and you have the right to refuse treatment and be informed of any consequences of such refusal. In accordance with Illinois and federal law, and under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you also have the following rights:

Release of Records: You may consent in writing to release your records to other professionals who are caring for you. You may revoke this consent at any time, but only to the extent that no action has been taken with respect to your prior authorization.

Right to Restrict Disclosures: You have the right to restrict certain disclosures of Personal Health Information (PHI) to a health plan when you pay out-of-pocket in full for our services.

Restriction on Record: You may request that part or all of your medical information not be disclosed. This request must be in writing and given directly to your clinician. Your clinician is not required to agree to your request if he/she believes it is in your best interest to permit use and disclosure of the information. If you have concerns about the confidentiality or availability of your records, you should discuss these concerns with your therapist.

Contacting You: You may request that billing information be sent to an address other than your stated place of residence. Unless otherwise specified, our office will contact you at phone numbers and addresses listed on our patient information form. Be advised that contacts through electronic media (email, texts, cell phones) are considered unsecured unless they are encrypted. Under HIPAA, telephone contacts are judged secure.

Accounting for Disclosures: You may request an accounting of any disclosures which your clinician has made related to your medical information, except for information used for treatment, payment, or health care operations purposes that was shared with you or your family. It also excludes information that your clinician has been required to release or information for which specific consent to release has been given.

Breach of 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 your PHI has not been encrypted to government standards; or c) your clinician's risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Questions and Complaints: If you have any questions, want a copy of this Policy, or have any complaints, you may contact your clinician for further information. You may also contact the Secretary of Health and Human Services if you believe your clinician has violated your privacy rights. You will not be retaliated against for filing a complaint.

Changes in Policy: Your clinician reserves the right to change the Privacy Policy based on the needs of the Practice and changes in state and federal law.

**PATIENT AGREEMENTS AND AUTHORIZATIONS**

**PRIVACY POLICY:** I acknowledge having received the "Notice of Privacy Practices" and "Client Rights" statement. My rights, including the right to access my record, to limit disclosure of information, and to request an amendment to my record, is explained in the Policy. I understand that I may revoke, in writing, my consent for release of my health care information, except to the extent that disclosure has already occurred with my prior consent.

\_\_\_\_\_  
Patient or Authorized Person Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date