

Notice of HIPAA Privacy Practices

Theresa M. Boutross, LCSW

Effective: 3/7/2017

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

My commitment to your privacy:

My practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I also am required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

I realize that these laws are complicated, but we must provide you with the following important information:

- How I may use and disclose your PHI,
- Your privacy rights in your PHI,
- My obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by my practice. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that my practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of my most current Notice at any time.

If you have questions about this Notice, please contact:

Theresa McCay Boutross, LCSW
874 GreenBay Road
Ste 200
Winnetka, IL 60093
312-953-1243

I may use and disclose your PHI in the following ways:

The following categories describe the different ways in which I may use and disclose your PHI.

1. Treatment

My practice may use your PHI to treat you.

For example,

I may disclose your PHI to other health care providers when an additional release is signed for purposes related to your treatment.

2. Payment

For example: If you choose to utilize my credit card payment option I may not be able to maintain the same level of confidentiality to do so.

3. Treatment options

My practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

4. Release of information to family/friends

My practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you or your child. For example, a parent or guardian may ask that a baby sitter take their child to a session. In this example, the baby sitter may have access to this child's medical information.

5. Disclosures required by law

My practice will use and disclose your PHI when we are required to do so by federal, state or local law.

Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

- Notifying appropriate government agency(ies) and authority(ies) regarding the abuse of a child or injury to self or others.

Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

1. Confidential communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Theresa McCay Boutross, LCSW at 874 GreenBay Rd Ste200 Winnetka, IL 60093 specifying the requested method of contact, or the location where you wish to be contacted.

My practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. I am not required to agree to your request; however, if I do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Theresa McCay Boutross . Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit my practice's use, disclosure or both,
- To whom you want the limits to apply.

3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing

records, but not including psychotherapy notes. You must submit your request in writing to Theresa McCay Boutross at 874 GreenBay Rd Winnetka, IL 60093 in order to inspect and/or obtain a copy of your PHI. My practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. My practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of my denial.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Theresa McCay Boutross. You must provide a reason that supports your request for amendment. My practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, I may deny your request if you ask to amend information that is in my opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by my practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of disclosures. All of my patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures my practice has made of your PHI for purposes not related to treatment, payment or operations. In order to obtain an accounting of disclosures, you must submit your request in writing to Theresa McCay Boutross, LCSW 312-953-1243.

All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. My practice may charge you for additional lists within the same 12-month period. My practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Theresa McCay Boutross, LCSW 312-953-1243.

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with the State Licensure Board. All complaints must be submitted in writing.

8. Right to provide an authorization for other uses and disclosures. My practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: I am required to retain records of your care.

Again, if you have any questions regarding this notice or my health information privacy policies, please contact Theresa McCay Boutross, LCSW 312-953-1243

Please sign below to confirm you understand the limits of confidentiality and HIPPA , please do not hesitate to ask any questions.

Signature

Date