Lincoln Square Mindful Therapy, P.C.

4732 N. Lincoln Ave., Suite #10
Chicago, IL 60625

Notice of Privacy Practices (Effective April 14, 2003)

This notice describes how treatment information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Right to Privacy

Health care providers are required by federal and state law to maintain the privacy of your treatment information. We are also required to give you notice about our privacy practices, our legal duties, and your rights concerning your treatment information. I must follow the privacy practices that are described while they are in effect (they went into effect April 14, 2003). I reserve the right to change my privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. You may request a copy of the notice at any time from me.

Use and Disclosures of Treatment Information

We will use information about your health care to provide you with treatment, to arrange payment for my services, and in conjunction with other health care providers, organizations, and professionals. The information privacy practices in this notice will be followed by any associate involved in your care and any business associate with whom we share health information.
The following categories describe examples of the way we use and disclose treatment information:
For treatment: We may discuss your treatment information with another mental health professional. For example, we may provide information to your health plan or other providers to arrange for a referral or consultation.
For payment: We may use and disclose your treatment information to obtain payment for services we provide you, including—but not limited to—businesses in connection with billing and collection activities. For example, we may contact your insurer to verify benefits and obtain prior authorization to make sure they will pay for your care.
Legal proceedings: We may disclose information in response to a court or administrative order, subpoena, discovery request, or other lawful process under certain circumstances.
Scheduling appointments: We may use your phone numbers to call you and leave messages to schedule or remind you of appointments.
Other Circumstances: The law and code of professional ethics also requires that we may disclose information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose information to the extent necessary to protect your health or safety, or the health or safety of others. Specifically, We are obligated to report any reasonable suspicion of child or elder abuse. The requirement to help and our duty to warn may take precedence over the obligations of confidentiality.
All information concerning clients is held confidential and is released only through procedures consistent with the law and professional ethics. The rules of confidentiality provide that clients whose mental or emotional condition becomes an issue in a court of law may lose their right to confidentiality, and the court may successfully order records released and/or the therapist to testify.
We will not disclose your treatment information if that disclosure is prohibited or significantly limited by other applicable law.

Your Health Information Rights

You have the right to:

- Inspect or copy treatment information that may be used to make decisions about your care with limited exceptions. You must make a request in writing by sending a letter to us at the address above.
- Request restrictions on uses and disclosures of your treatment information for the purposes of treatment, payment, or healthcare operations. We are not required to allow your request. If we do agree with the request, we will comply with it except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide that treatment.
- Inspect or copy treatment information that may be used to make decisions about your care, with limited exceptions. You must make a request in writing.
- Request that we amend or make changes to your treatment record. Your request must be in writing and it must explain why the information should be changed.
- To receive a list of instances in which we disclosed your information for purposes other than treatment, payment, or those disclosures you have authorized in writing.
- To request that we contact you by alternative means or at alternative locations. For instance, you may ask that we contact you at work.
- To receive a paper copy of this Notice and any amended Notices upon request.

Questions and Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services, Office of Civil Rights, 200 Independence Ave., S.W., Washington, DC 20201 (1-877-696-6775).

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(312) 399-0559

Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge that you have received the Notice of Privacy Practices from Lincoln Square Mindful Therapy, P.C.. This notice provides information about the ways in which we may use and disclose your protected health information. We encourage you to read it in its entirety.

The Notice of Privacy Practices is subject to change. You may ask us at any time for a copy of the current notice, either in person or by contacting us at the number or addresses above.

I acknowledge that I have received the Notice of Privacy Practices.

_____	_____	_____
Printed name	Signature	Date
Therapist's printed name	Signature	Date