

Notice of Privacy Practices

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.

Who We Are:

This Notice describes the privacy practices of Phoenix Wellness, LLC and our clinicians, support staff, interns, volunteers, and other subcontracted personnel. It also applies to all business associates with whom we may share information.

We understand that your health care information is confidential, and we are committed to maintaining its privacy. Federal law requires that we provide you with this Notice of our legal duties and privacy practices with respect to your health care information. We are required to abide by the terms of this Notice when we use or disclose your health care information.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Phoenix Wellness, LLC may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify the terms in this Notice, below are definitions:

- HIPAA — Health Insurance Portability and Accountability Act
- PHI — information in your health record that could identify you.
- Treatment — the providing, coordinating, or managing of your health care and other services related to your health care. An example would be consulting with another health care provider, such as your personal care physician, psychiatrist, psychologist, or therapist.
- Payment — obtaining reimbursement for your healthcare. An example of payment is the disclosing of your PHI to your health insurer or other third party payer to obtain reimbursement for your health care or to determine eligibility or coverage.
- Health Care Operations — activities that relate to the operation of Phoenix Wellness, LLC. Examples of health care operations are quality assessment and improvement activities, business matters such as audits and administrative services, case management and coordination of care.
- Clinician — any therapist employed by Phoenix Wellness, LLC.
- Use — activities within Phoenix Wellness, LLC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- Disclosure — activities outside of Phoenix Wellness, LLC such as releasing, transferring, or providing access to information about you to other parties.
- Authorization — your written permission to disclose confidential health care information.

II. Other Uses and Disclosures Requiring Authorization

Phoenix Wellness, LLC 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 information is requested from your clinician for purposes outside of treatment, payment, or health care operations, he or she will obtain an authorization from you before releasing this information. Your clinician will also need to obtain an

authorization before releasing his or her Clinical Therapy Notes made regarding conversation during your counseling session, kept separate from the rest of your record. These Clinical Therapy Notes are given a greater degree of protection than PHI, based on the Illinois Mental Health and Developmental Disabilities Confidentiality Act.

You may revoke all authorizations of PHI or Clinical Therapy Notes at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that, (1) your clinician has relied on that authorization; or (2) the authorization was obtained as a condition of obtaining insurance coverage, as law provides insurers the right to contest claims under the policy.

III. Uses and Disclosures without Authorization

Phoenix Wellness, LLC may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse** — If your clinician has reasonable cause to believe a child known to him or her in professional capacity may be an abused or a neglected child, he or she must report this belief to the appropriate authorities.
- **Adult and Domestic Abuse** — If your clinician has reason to believe that an individual protected by state law has been abused, neglected, or financially exploited, he or she must report this belief to the appropriate authorities.
- **Health Oversight Activities** — Your clinician may disclose your PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- **Judicial and Administrative Proceedings** — If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment, and the records thereof, such information is privileged under state law, and your clinician must not release such information without a court order. He or she can release the information directly to you on your request. Information about all other mental health services is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.
- **Serious Threat to Health or Safety** — If you communicate to your clinician a specific threat of imminent harm against another individual, or if your clinician believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, your clinician may make disclosures that he or she believes are necessary to protect that individual from harm. If your clinician believes that you present an imminent, serious risk of physical or mental injury or death to yourself, he or she may make disclosures considered necessary to protect you from harm.
- **Worker's Compensation** — Your clinician may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Phoenix Wellness, LLC's Duties

Patient's rights:

- You have the right to request restrictions on certain uses and disclosures of PHI; however, your clinician is not required to agree to a restriction you request.

- You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing a clinician at Phoenix Wellness, LLC. On your request, we will send your bills to another address.
- You have the right to inspect and/or obtain a copy of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record and psychotherapy notes. We may charge you a cost based fee. Your request must be in writing.
- You have the right to request, in writing, an amendment of PHI for as long as the PHI is maintained in the record. Your clinician may deny your request. On your written request, he or she will discuss with you the details of the amendment process.
- You generally have the right to receive an accounting of disclosures of PHI. Your request must be in writing. On your written request, your clinician will discuss with you the details of the accounting process.
- You have the right to obtain a copy of this notice from Phoenix Wellness, LLC upon request, either on paper or electronically.

Phoenix Wellness, LLC's duties:

- We required by law to maintain the privacy of your PHI.
- We are required to give you this notice of our privacy practices with respect to your PHI.
- We are required to follow the terms of the Notice that is currently in effect.
- We are required by law to respond to your requests regarding PHI (that is your verbal or, as required, written requests) within 30 days of the date we receive them.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision your clinician makes about access to your records, or have other concerns about your privacy rights, you may contact:

Erin Surratt

Phoenix Wellness, LLC

2020 W. War Memorial Dr., Ste 304

Peoria, IL 61614

(309) 928-7717

erin@phoenixwellnesspeoria.com

If you believe that your privacy rights have been violated and wish to file a complaint with Phoenix Wellness, LLC, you may send your written complaint to our Privacy Officer, above.

In both cases above, you also may send a written complaint to the U.S. Department of Health and Human Services. Our Privacy Officer can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. Phoenix Wellness, LLC will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

Phoenix Wellness, LLC reserves 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.

The effective date of the original Notice is March 17, 2017.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

By my signature below I acknowledge that I have received a copy of the Notice of Privacy Practices for Phoenix Wellness, LLC.

This Notice of Privacy Practices describes the types of uses and disclosures of my personal health information that might occur in my treatment, payment for services, or in the performance of health care system operations.

The Notice of Privacy Practices also describes my individual rights and responsibilities, and the duties of Phoenix Wellness, LLC with respect to my protected health information.

Signature of Client (age 12 or older)

Date

Signature of Parent/Guardian

Date

Client Name

Date of Birth

This form will be retained in the mental health record.