North Shore Family Services

HIPAA Privacy Notice

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future physical or mental health of condition and related health care services is referred to as Protected Health Information ("PHI"). This notice describes the ways in which we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

North Shore Family Services, LLC and any agents or employees of the practice are required by law to:

- Maintain the privacy of PHI
- Give you this notice of our legal duties and privacy practices with respect to PHI
- Follow the terms of the notice that is currently in effect.

<u>How We May Use and Disclose Protected Health Information About You</u>

- <u>For Payment:</u> We may use and disclose Protected Health Information about you so that the treatment and services rendered may be billed and collected from you, an insurance company, or a third party. For example, we may need to give Protected Health Information about the treatment you received so that your health plan can pay us or reimburse you for the treatment.
- <u>As Required By Law:</u> We will disclose Protected Health Information about you when required to do so by federal, state, or local law.
- <u>To Avert a Serious Threat to Health or Safety:</u> We may use and disclose Personal Health Information about you when necessary to prevent a serious threat to you or another person. Any disclosure would only be to someone able to help prevent the threat.
- <u>Public Health Risks:</u> We may disclose Protected Health Information about you for public health activities. These activities generally include the following:
    - To prevent or control disease, injury, or disability
    - To report child abuse or neglect
    - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
    - To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence.
- <u>Lawsuits and Disputes:</u> If you are involved in a lawsuit or a dispute, \we may disclose Protected Health Information about you in response to a court or administrative order. We may also disclose Protected Health Information about you in response to an order by a court, but only if good faith efforts have been made to notify you of the request.

- <u>Law Enforcement:</u> We may release Protected Health Information if required to do so by law:
    - In response to a court order
    - A law that requires that we disclose information, for example, in a case where child abuse is indicated

    - For an administrative request, for example, if you make a complaint against North Shore Family Services, LLC or any agents of the practice

- Medical Examiners and Funeral Directors: We may release Protected Health Information to a medical examiner or funeral director. This may be necessary to allow a medical examiner or funeral director to identify a deceased person or determine the cause of death, as necessary, to expedite necessary arrangements.

Your Rights Regarding Your Protected Health Information

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please call 847-668-4295 to submit your request in writing to our Privacy Officer at North Shore Family Services, LLC.

- Right to Inspect and Copy: You have the right to inspect and copy Protected Health Information. This includes billing and case records, but does not include personal notes. To inspect and copy Protected Health Information, you must submit your request in writing to North Shore Family Services, LLC. If you request the information, we may charge a fee for costs incurred for copying, mailing, or other supplies associated with your request.
- Right to Amend: If you feel that the Protected Health Information we have about you is incorrect or incomplete, you may ask for the information to be amended. To request an amendment, your request must be made in writing to North Shore Family Services. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask for information to be amended that:
    - Was not written by North Shore Family Services, LLC or any agents of the practice
    - Is not part of the case record information kept by North Shore Family Services, LLC or any agent or employees of the practice
    - Is not part of the information that you would be permitted to inspect or copy
    - Is already accurate and complete
- Right to Request Confidential Communications: You have the right to request that we communicate with you about treatment matters in a certain way or at a certain location. For example, you can ask that we contact you at work, by mail, via email, etc.
- Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing with our Privacy Officer by calling 847-668-4295 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 202-619-0257. We will not retaliate against you for filing a complaint.

_____

Name of Client (Please Print)

_____ _____

Client's Signature (ages 12+) Date

_____ _____

Parent/Guardian's Signature Date