

DEFINITION COUNSELING & THERAPY PLLC

HIPAA NOTICE OF PRIVACY PRACTICES

Definition Counseling & Therapy PLLC (“Definition”) understands that health information about you and your health care is very personal. We are committed to protecting your privacy and confidentiality and utilize HIPAA-compliant software for all our operations.

Definition is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Give you this notice of Definition’s legal duties and privacy practices with respect to health information and follow the terms of Definition’s latest practices.
- Not share your information other than as described in this notice without your written consent.

More details about our privacy practices are provided in the following sections:

- (1) What Health Information is Collected and Maintained by Definition
- (2) How Definition May Use and Disclose Health Information
- (3) Uses and Disclosures that Do Not Require Client Authorization
- (4) Uses and Disclosures that Do Require Client Authorization
- (5) A Client’s Rights Regarding Their Health Information
- (6) Consultations and Care Coordination
- (7) Acknowledgement of Receipt of Privacy Notice

(1) WHAT HEALTH INFORMATION IS COLLECTED AND MAINTAINED BY DEFINITION

Definition maintains a health record for each client via Simple Practice, a HIPAA-compliant and HITRUST-certified Electronic Health Record (EHR) software. Health records are to support counseling, therapy, therapeutic relationships, and their outcomes, as well as to comply with particular ethical, legal, and insurance requirements.

Protected health information (PHI) is any information in your health record that can personally identify you (e.g., name, address, date of birth, age, phone number, email, insurance identification number, etc.). Other health information in your health record may or may not contain PHI (e.g., forms, measures, session notes, assessments, and treatment plans). This notice applies to all of your health information in your health record generated by Definition.

To provide an example of what type of health information may be found in your health record, part of a hypothetical psychotherapist’s session note is in quotations below.

“Client consented to engage in individual therapy via HIPAA-compliant telehealth software to address the following. Problem(s): Social anxiety. Goal(s): Improve healthy management of social anxiety. Interventions: Actively listened, Defined the problem, Explored to locate the problem in a problem sequence, Worked to develop a solution sequence.”

Please note that this is how psychotherapists at Definition write to keep confidential details to a minimum. However, this is not how we think or work with you, as honoring complexity and detail is absolutely necessary for effective counseling, therapy, and therapeutic relationships.

(2) HOW DEFINITION MAY USE AND DISCLOSE HEALTH INFORMATION

- (i) Treatment: Definition may disclose your protected health information for treatment provided by Definition and the treatment activities of any health care provider. We have a more in-depth breakdown and examples of what this may look like in our section 6 below, “Consultation and Care Coordination”.
- (ii) Insurance & Other Payors: Definition may use and disclose only the necessary health information to your insurance company and other payors (e.g., Employee Assistance Programs) to receive payment for rendered services. We most often use and disclose your health information to fill out CMS-1500 claim forms for rendered services. Some other examples of insurance and other payor-related uses and disclosures of your health information are, but are not limited to, advocating for the accuracy and consistency of claims, determining medical necessity for rendered services, utilization review, and healthcare audits. You may end uses and disclosures for this purpose at any time by deciding to self-pay for rendered services rather than use insurance. This decision must be reported by email (billing@definition-chicago.com), to which the practice will confirm receipt and mark an effective date.
- (iii) Health Care Operations: Definition may use your protected health information for operational purposes, such as appointment reminders, sending invoices, secure messaging, and so on. Definition may also use necessary PHI to send appropriate emails via HIPAA-compliant Gmail or call via HIPAA-compliant Google Voice. Definition may use and disclose your health information internally to ensure you receive the highest quality of care possible. This generally includes verifying compliance with our practice procedures (e.g., were clients sent our Priorities & Plan form at appropriate times), reviewing psychotherapists’ other practices (e.g., session note completion), and for training purposes (e.g., supervising). Psychotherapists at Definition may use and disclose only the necessary health information without PHI (you remain anonymous) externally with other psychotherapists for purposes of consultation. This is an integral component to the therapeutic process and also ensures you receive the highest quality of care possible. Please refer to section six (6) of this notice for additional details. Some other examples of healthcare operation uses and disclosures are, but are not limited to, other internal administrative healthcare operations and third-party billing services (only if we have a Business Associate Agreement to maintain PHI security and HIPAA compliance).
- (iv) Collections: Definition may use necessary PHI to send unmarked mail via USPS should we not be able to connect with you otherwise regarding a past-due invoice. Definition may also disclose the minimum amount of PHI necessary (e.g., name, phone number, email, address) to a collections agency for collection of payment that is over 60 days past due. The practice will disclose this information to the collections agency under a Business Associate Agreement and will not disclose any other health information for this purpose.
- (v) Lawsuits & Disputes: Definition and psychotherapists at Definition may use and disclose health care information to defend themselves in legal proceedings and disputes instituted by you.

(3) USES AND DISCLOSURES THAT DO NOT REQUIRE CLIENT AUTHORIZATION

Applicable federal and state law permits Definition to use or disclose health information about you without your authorization only when use or disclosure complies with and is limited to the relevant requirements of such law. The categories of uses and disclosures that we may make without your authorization are:

- (i) When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- (ii) For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- (iii) To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- (iv) For health oversight activities, including audits and investigations.
- (v) In situations where Definition believes there may be abuse or neglect, to a public health authority that is authorized by law to receive reports of child abuse or neglect.
- (vi) For judicial and administrative proceedings, including responding to a court or administrative order.
- (vii) For law enforcement purposes, including reporting crimes occurring on Definition's premises.
- (viii) To coroners or medical examiners, when such individuals are performing duties authorized by law.
- (ix) For workers' compensation purposes.
- (x) Definition may also provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, however, you will have the opportunity to object (in whole or in part). The opportunity to consent may be obtained retroactively in emergency situations.
- (xi) When required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500, et seq.

(4) USES AND DISCLOSURES THAT DO REQUIRE CLIENT AUTHORIZATION

Definition may use and disclose your health information only with your written authorization for the following:

- (i) Care coordination. Care coordination between psychotherapists or other health care providers includes consultation, but the client does not remain anonymous. The lack of anonymity allows the client's psychotherapists or other health care providers to work together to support a client collectively. If a psychotherapist determines care coordination would be beneficial, they will discuss their rationale with a client and request consent. If a client decides to decline consent, care coordination will not occur.
- (ii) Marketing Purposes. Definition will never use your health information for marketing purposes.
- (iii) Sale of PHI. Definition will never sell your health information.
- (iv) Other uses and disclosures not described in this Notice of Privacy Practices.

(5) CLIENT'S RIGHTS REGARDING THEIR HEALTH INFORMATION

Clients have the following rights regarding health information that Definition maintains:

- (i) The Right to Choose How Definition Sends PHI to You. You have the right to ask Definition to contact you in a specific way (e.g., home or office phone) or to send mail to a different address. We will consider accommodating reasonable requests or provide referrals to practices or psychotherapists who may align more with your request.
- (ii) The Right to Request Limits. You have the right to ask Definition not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Definition is not required to agree to your request unless the request is to restrict the use and disclosure of health information to a payor for purposes of carrying out payment or a payor's other healthcare operations and the health information pertains to a rendered service that you paid for without the use of the payor. Definition may say "no" to a request if Definition believes it would affect your health care.
- (iii) The Right to Get a List of the Disclosures Definition Has Made. You have the right to request a list of instances in which Definition has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided Definition with an Authorization. Definition will respond to your request for an accounting of disclosures within 30 days of receiving your request. Definition will provide the list to you at no charge, but if you make more than one request in the same year, Definition will charge you a reasonable cost-based fee for each additional request.
- (iv) The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that Definition has about you. Definition will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. Definition may charge a reasonable, cost-based fee for doing so.
- (v) The Right to Correct or Update your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that Definition correct the information or add the missing information. Definition is not required to agree to the amendment. If Definition denies your request for amendment, you have the right to file a statement of disagreement that will be added to your record.
- (vi) Right to be Notified of a Breach. You have the right to be notified if Definition or a business associate of Definition discovers a breach of unsecured protected health information.
- (vii) The Right to Get a Paper or Electronic Copy of this Acknowledgement. You have the right to receive a paper and/or email copy of this Acknowledgement and to request a paper copy at any time.
- (viii) The Right to Choose Someone to Act for You. Someone with medical power of attorney or a legal guardian can exercise your rights and make choices about your health information.
- (ix) File a Complaint if You Feel Your Privacy Rights Have Been Violated. You can do so by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. Definition will not retaliate against you for filing a complaint.
- (x) Illinois Law. Illinois law also has certain requirements that govern the use or disclosure of your PHI. For Definition to release information about mental health treatment, genetic information, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign an authorization form unless state law allows Definition to make the specific type of use or disclosure without a separate authorization.

To exercise any of these rights, please submit your request to the practice by email (inquiries@definition-chicago.com).

(6) CONSULTATION AND CARE COORDINATION

Consultation and care coordination are integral components of the therapeutic process.

Consultation occurs most often and without disclosure of protected health information. Therefore, a client remains anonymous even if a psychotherapist may seek consultation for that client's case. Consultation between psychotherapists or health care providers produces more perspectives for a psychotherapist to consider. It also allows for identifying and discussing a psychotherapist's strengths and growing edges, supporting lifelong learning.

Care coordination between psychotherapists includes consultation, but the client does not remain anonymous. The lack of anonymity allows the client's psychotherapists to work together to support a client collectively. It may also be helpful for a client's psychotherapist to coordinate care with other health care providers (e.g., psychiatrist, primary care physician).

If a psychotherapist determines care coordination would be beneficial, they will discuss their rationale with a client and request consent. A client must formally consent via a Release of Information form in which the other psychotherapist or health care provider is specifically named. If a client decides to decline consent, care coordination will not occur. If a client consents, care coordination between the providers is allowed for one (1) year. Clients have the right to revoke their consent at any time. However, a revocation is not valid to the extent their psychotherapist has acted in reliance on such authorization. Clients must report a revocation to their psychotherapist via secure messaging.

Care coordination is always between two health care providers, often two marriage and family therapists, who are subject to the same confidentiality as Definition. For some more information on privacy and Illinois law, the "Marriage and Family Therapy Licensing Act" contains the following section, "Privileged Communications and Exceptions" (225 ILCS 55/70), which says that psychotherapists cannot disclose any information "acquired from persons consulting [a psychotherapist] in a professional capacity" except as follows:

1. In the course of formally reporting, conferring, or consulting with administrative superiors, colleagues, or consultants who share professional responsibility, in which instance all recipients of the information are similarly bound to regard the communications as privileged;
2. With the written consent of the person who provided the information;
3. In case of death or disability, with the written consent of a personal representative, other person authorized to sue, or the beneficiary of an insurance policy on the person's life, health, or physical condition;
4. When a communication reveals the intended commission of a crime or harmful act and the disclosure is judged necessary by the licensed marriage and family therapist or associate licensed marriage and family therapist to protect any person from a clear, imminent risk of serious mental or physical harm or injury, or to forestall a serious threat to the public safety; or

5. When the person waives the privilege by bringing any public charges, criminal, or civil, against the licensee.

(7) ACKNOWLEDGEMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your health information. Definition is required by law to provide you with notice of our legal duties and privacy practices regarding your health care information, and we are required to abide by the terms of this Notice of Privacy Practices.

Definition can change the terms of these privacy practices so long as the changes comply with the law. Note that subsequent changes to the terms of this notice will apply to all information that Definition has about you. If changes are made, a new notice will be sent to you via your client portal with an effective date.

I ACKNOWLEDGE THAT I HAVE:

1. **Have received a copy of this HIPAA Notice of Privacy Practices.**
2. **Have read and fully understand and agree to the privacy practices in this notice.**
3. **I can contact the practice at inquiries@definition-chicago.com if I have any questions about this notice.**
4. **Have the right to refuse to sign this notice.**