

# Notice of Privacy Practices And Client Rights

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.

We respect client confidentiality and only release confidential information about you in accordance with state and federal law. This notice describes our policies related to the use of the records of your care at Jean Miller Counseling Center LLC. If you have any questions about this policy or your rights, please contact your therapist.

#### USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you care, there are times when we will need to share your confidential information with others beyond our counseling center including:

<u>Treatment:</u> We may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside Jean Miller Counseling Center that we consult with or refer you to.

<u>Payment:</u> If necessary, information may be used to obtain payment for the treatment and services provided. This will include contracting your guarantor or health insurance company for prior approval of planned treatment, insurance verification, or for billing purposes.

<u>Healthcare Operations:</u> We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, or training staff.

<u>Information Disclosed Without Your Consent:</u> Under state and federal law, information about you may be disclosed without your consent in the following circumstances:

<u>Emergencies</u>: Sufficient information may be shared to address the immediate emergency you are facing.

<u>Follow-up Appointment Care:</u> We may be contacting you to remind yo0u of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will leave appointment information on your voice mail unless you ask us not to.

<u>As Required By Law:</u> This would include situations where we have a subpoena, court order, or are mandated to provide public health information, i.e. suspected abuse and/or neglect of a minor, elderly, or disabled person.

<u>Coroners:</u> We are required to disclose information about the circumstances of your death should it come under investigation by the coroner's office.

<u>Government Requirements:</u> We may disclose information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. There also may be a need to share information with the FDA related to adverse events or product defects. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

<u>Criminal Activity Or Danger to Others:</u> If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

<u>To Increase Our Professional Standards:</u> Information about your situation may be discussed with other mental health professionals in order to gain supervision and/or consultation. This will always be done in the most professional and ethical manner.

#### **CLIENT RIGHTS**

You have the following rights under state and federal law:

<u>Release of Record:</u> You are entitled to inspect the client record our counseling center has generated about you. We may charge you a reasonable fee for copying and mailing your record.

<u>Copy of Record:</u> You may consent in writing to release your records to others for any purpose you choose. This could include your attorney, employer, or other who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

<u>Restriction on Record:</u> you may ask us not to use or disclose part of the clinical information. This request must be in writing. Jean Miller Counseling Center is not required to agree to your request f we believe it is in your best interest to permit use and disclosure of the information.

<u>Contacting You:</u> You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct. We also will be glad to provide you information by e-mail if you request it. If you wish us to communicate by e-mail, you are also entitled to a paper copy of this privacy notice.

Amending Record: If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this, contact your therapist. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response and your statement and our response will be added to your record.

<u>Accounting for Disclosures:</u> You may request an accounting of any disclosures we have made related to your confidential information except for information we used for treatment, payment, or health care operations purposes or information we were required to release.

Questions and Complaints: If you have any questions or wish a copy of this Policy or have any complaints you may address these with your therapist. If you believe your privacy rights have been violated, you may also complain to the Secretary of U.S. Department of Health and Human Services at: Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601.

<u>Change in Policy:</u> Jean Miller Counseling Center LLC reserves the right to change its Privacy Policy based on the needs of the center and changes in state and federal law.

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Jean Miller Counseling Center LLC 440 W Boughton Rd. Suite K Bolingbrook, IL 60440 630 759 6615

### Client Acknowledgements

#### Privacy Policy

I acknowledge having been offered Jean Miller Counseling Center's Notice of Privacy Policies and Client Rights according to HIPPA regulations.

#### Missed or Cancelled Appointments

I understand all future appointments I make with Jean Miller Counseling Center that are missed or cancelled without 24 hours notice will be charged back to me at \$50 per event. I agree to pay these charges at the time they are due.

### **Telephone Calls**

I also understand that phone calls that arfe longer than 8 minutes will be considered a phone consultation and charged at 15 minute intervals. Each 8-15 minute increments will be charged \$25. I can assume that phone calls beyond the 8 minutes will automatically be billed to my account. Phone calls are normally not covered by insurance companies. This phone charge is also incurred when calls to outside professionals are made on your behalf.

## Session Charges

Each session lasts 50 minutes. Your first session will be \$140. Each additional session is \$110. I understand that I am responsible for the whole charge. Exceptions are those that my insurance company has agreed to pay in which case you are responsible for all co-pays, co-insurance, and deductibles.

## Report Writing

I understand that I may request that my therapist write a letter or report on my behalf to authorities such as the court, school systems, doctor's offices, governmental agencies, et. Reports will be charged at a rate of \$25 per page.

# Appearances Outside the Office

Situations may occur where it would be beneficial for your therapist to appear on your behalf outside of the office such as school IEP meetings, court, etc. These appearances will be charged at the hourly rate of \$65 starting at the time the therapist leaves the office and continue until the time as he/she returns. This fee is not chargeable to insurance companies.

Client/Guardian/Guarantor	 Date