



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.

Rights Regarding Your Health Information

You have the following rights under Illinois and Federal Law:

- **Right to Inspect and Copy.** You have the right to inspect your Clinical Record, however, we may request that this review be done with your therapist or the Director of Clinical Services. You may request a copy of your Clinical Record. (You will be charged a reasonable fee for copying and postage.) The original Clinical Record is the property of **Youth & Family Counseling (YFC)** and is never released.
- **Right to Release Clinical Record and Protected Health Information.** You may consent in writing to release a copy of your Clinical Record. Your consent is revocable at any time, but only applies to future disclosures and not to disclosures previously authorized. Except as described in this Notice or as required by Illinois and Federal law, we cannot release your protected health information without your written consent.
- **Right to Request Confidential Communication.** You have the right to ask us to communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you only by sending materials to a P.O. Box instead of your home address, or you may ask us to only call your cell phone. We will not ask the reason for your request and will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.
- **Right to Amend Clinical Record.** If you believe that something in your record is incorrect or incomplete, you may request that we amend it. To do this, contact the Director of Clinical Services. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We are not obligated to make all requested amendments, but will give each request careful consideration. If your request is denied, you have a right to file a statement outlining your disagreements or objections with us. This statement will be attached to your Clinical Record.
- **Right to an Accounting of Disclosures or a Breach of Security.** You have the right to ask us for an accounting of disclosures. This is a listing of those individuals or entities that have received your health information. The listing will not cover health information that was given to you or your personal representative or to others with your permission. It will not cover health information that was given in order to provide care for you, facilitate payment for you healthcare services, and assist YFC in its operations. And it will not include information we are required to release by law or court order.

To receive information regarding disclosure made for a specific time period (no longer than six years), please submit your request in writing to the Director of Clinical Services. We will notify you of the cost involved in preparing this list. Please note that Clinical Records are only kept for seven years after therapy is terminated for adults, and for seven years after the age of majority (age 18) for minors. After that point they are destroyed.



You have a right to be notified if there is a breach of your unsecured protected health information. This would include information that could lead to identity theft. You will be notified if there is a breach or a violation of HIPPA Privacy Rule and there is an assessment that your protected information may be compromised.

Use and Disclosure of Protected Health Information

In order to effectively provide you with care, there are times we need to share your health information with others outside of YFC. These include:

- **For Treatment.** We may use or disclose your health information to provide, coordinate, or manage your counseling, therapy and related services. For example, your health information may be shared with a physician or other health care providers who are also caring for you.

However, under Illinois law, except in emergency situations, we cannot release your health information without your consent. We will discuss situations where we would like to share your health information and request your written consent to do so. These consents specify the person or agency to whom information will be shared, the purpose or need for information, what information will be shared and time limitations. Your consent can be withdrawn at any time and you have the right to inspect and request a copy of any written information to be released. Emergency situations include those where there is a risk to health or safety for you or others.

For minors under the age of 12, the minor's parent, guardian, or agent under health care power of attorney may authorize disclosure of information. Children over 12 and under 18 will be informed and asked if they object to disclosure of information. If they object, their protected health information will not be released. In addition, the minor's therapist may find that there are compelling reasons for denying access to or release of information, and may therefore deny release. Compelling reasons include but are not restricted to the clinical best interest of the minor or legal custody conflict where independent evaluations can be sought elsewhere that would not compromise the therapy relationship with the minor.

- **For Payment.** We may use and disclose your health information so that the treatments and services you receive may be billed and payment may be collected from you, an insurance company or a third party. As part of our intake process, we will ask your verbal permission to contact your insurance carrier to verify coverage and to obtain authorization for services. If insurance is involved, once you become a client of YFC, you will be asked to give us written authorization to submit claims on your behalf. In processing insurance claims, YFC is committed to providing only the minimally necessary information required. You have a right to restrict certain disclosures of your protected health information to your health plan, if you pay out of pocket in full for the services provided to you.
- **For Healthcare Operations.** We may use or disclose your health information in connection with our health care operations, including but not limited to the following: quality assessment and improvement; functions related to therapy such as scheduling appointments; or professional training, accreditation, certification, licensing or credentialing.
- **For Individuals Involved in Your Care or Payment for Your Care.** With your written consent, we may disclose the minimally necessary information about you to your family or other persons you



identify who are involved in your care, or who help pay for your care.

In an emergency situation, we may exercise our professional judgment to determine whether a communication about you is in your best interest, who is the appropriate person to contact, and what health information is relevant to their involvement in your health care. If you have identified an emergency contact person, every effort will be made to contact that person first.

- ***To Avert a Serious Threat to Health or Safety.*** As required by law, we may disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of others. Any disclosure of this kind, however, would be made only to someone able to help prevent the threat.
- ***Other Communications with You.*** We may use and disclose your health information to contact you at the address and telephone number(s) you give us about scheduled or canceled appointments, registration or insurance updates and billing and/or payment matters. Unless you tell us otherwise, we may leave messages about appointments or other reminders on your telephone or with a person who answers the phone.
- ***As Required by Law.*** We may disclose your health information if court ordered. Your health information is not subject to subpoena without a court order, however, all providers at YFC are mandated reporters. They are required by law to report suspected abuse and neglect of children or the elderly. They are required to warn and protect when they believe there is an immediate danger of harm or danger to someone, including domestic violence. Mandated reporting could involve the police and law enforcement. If a crime is committed on our premises or against our staff we may share information with the police and law enforcement to apprehend the criminal.
- ***Criminal Activity and Threats of Danger to Others—Present and Past.*** We may share information with law enforcement to help apprehend a criminal if a crime is currently occurring, is committed on our premises, or against our staff. We also have the right to involve law enforcement when we believe an immediate danger exists to some identifiable person and may imminently occur. However, past criminal activities shared in therapy are protected by confidentiality and will not be disclosed without your written permission.
- ***Health Oversight Activities and Specialized Government Functions.*** We may disclose information to governmental health oversight authorities or agencies for activities authorized by law, such as audits, investigations, or inspections of clinical records by Medicare or licensure boards. When services are funded by the government, we may disclose information for the coordination of your care.
- ***Coroners or Medical Examiners.*** We may release health information about you to a coroner or medical examiner as necessary to identify a deceased person or to determine the cause of death.
- ***Fundraising.*** We will *not* use your health information, e.g., name, address or telephone numbers, to solicit contributions. We will not sell protected client health information for any marketing reason. You will have the opportunity to opt in or opt out of receiving communications from YFC that may include solicitations for contributions.



Questions and Complaints

If you have any questions or wish to lodge a complaint, you may contact the Director of Clinical Services or Executive Director. All complaints must be submitted in writing.

Karin Peterson, Director of Clinical Operations or
Janelle Moravek, Executive Director
1113 S. Milwaukee Ave, Suite 104
Libertyville, IL 60048

If you believe YFC has violated your privacy rights, you may also contact any of the following:

U.S. Department of Health and Human Services Office for Civil Rights at 312-886-2359
Illinois Guardianship & Advocacy Commission at 312-793-5900 or 312-793-5397 (TDD)
Illinois Human Rights Authority North Suburb Regional Authority at 866-274-8023
Illinois Department of Human Rights at 312-814-6200 or 217-785-5125 (TDD)

We will not retaliate against you for filing a complaint.

If you wish additional copies of this policy, you may ask for one from your therapist or the front desk.

Changes in Policy

YFC reserves the right to change its *Notice of Privacy Practices* based on the needs of the organization and changes in state and federal law.

Please sign your name below to indicate that you have received these Privacy Practices.

Client Name

Client Signature

Date

Parent/Guardian Signature

Date