



PRIVACY NOTICE

Notice of The LodeStone Center for Behavioral Health, PC policies and practices regarding protecting and disclosing personal healthcare, psychological and medical information.

This document describes how your personal healthcare information (referred to as PHI) may be used or disclosed, and how you may obtain access to it. Your therapist can answer any specific questions you may have about how these policies and procedures apply to your private information.

Use and Disclosure of Information for Treatment, Payment and Health Care Operations

Treatment:

Your personal information is used to provide your treatment, and to coordinate care with other healthcare professionals or related entities (such as hospitals, primary care doctors or other mental healthcare professionals). This includes instances where your therapist may consult with another licensed professional (usually our clinical staff) for purposes of planning and implementing your treatment.

Payment:

Your private information is used to obtain payment for the services provided to you. If you have requested the use of your health insurance, your information will be released to your health insurance company. This includes information to identify you, and information regarding your treatment, such as your diagnosis.

Payments for services that are the responsibility of the patient, or patient's guardian are due at the time services are rendered. Patients who utilize health insurance are responsible for the portion of the fees agreed to in their specific policy (this may be a co-pay, coinsurance, deductible, or the portion of fees not covered when the therapist is not under contract with your insurance company). We send bills to you for outstanding balances every month, to the address provided to us on your registration form. **Balances that are more than 90 days late may be submitted to a collections agency outside of The LodeStone Center for Behavioral Health.** You will be notified in writing, by mail prior to having your balance submitted for collections. We do not submit accounts to collections when the responsible party has requested payment arrangements, and is paying the balance according to those arrangements. Such arrangements can be made by calling our administrative staff.

Healthcare Operations:

Your information is used in the regular operations of The LodeStone Center for Behavioral Health. This includes activities such as scheduling your appointments, processing and submitting insurance claims, coordinating your care with other facilities. In these operations, our administrative staff can access the information from your records needed to process insurance claims and authorization, payment, or coordination of care. We have a policy that only licensed clinical staff may access the section of your records pertaining to your treatment (such as your evaluation report and "progress notes").

Instances in which your information may be disclosed without your consent:

- *Child Abuse* – If we have reasonable cause to believe a child known to us in our professional capacity may be an abused child or a neglected child, we must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.

- *Health Oversight Activities* – we may disclose protected health information regarding you 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 we must not release such information without a court order. We can release the information directly to you on your request. Information about all other psychological 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 our staff a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.
- *Worker's Compensation* – We 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.

Patient Rights

Revocations, amendments and restrictions to authorization for disclosing your information must be submitted in writing, so that it can be documented in your record. If we have already disclosed or relied on that authorization, we may not be able to comply with the requested change.

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – 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 therapist. On your written request, we will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our 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. On your request, we will discuss with you the details of the request for access process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Therapist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve 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.
- If we revise our policies and procedures, your therapist will provide you with a revised notice.

Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact the clinical director.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to Clinical Director, The LodeStone Center for Behavioral Health, 111 Dean St., Woodstock, IL 60098.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. The LodeStone Center for Behavioral Health, PC will not retaliate against you for exercising your right to file a complaint.

Effective Date, Restrictions, and Changes to Privacy Policy

This notice was revised and will go into effect on December 13, 2018.

By signing, I attest that I have read and agree to the terms described in this notice. I also understand that I can obtain a copy of this document by requesting it from the staff at The LodeStone Center for Behavioral Health, my therapist, or by downloading it from the clinic website.

X _____

Date: _____

Signature of Patient (12 yrs & older)

X _____

Signature of Parent or Guardian/Parent:
(For any patient under 18 yrs. Old)

Name of Guardian/Parent