

KAINOS COUNSELING AND CONSULTATION, PLLC

800 ROOSEVELT ROAD, BUILDING E
SUITE #410
GLEN ELLYN, IL 60187
(630) 216-9201
BEN@KAINOSCONSULTING.ORG

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS AS ESTABLISHED PURSUANT TO HIPAA, THE ILLINOIS MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CONFIDENTIALITY ACT, STATE AND FEDERAL ALCOHOL AND SUBSTANCE ABUSE PRIVACY LAWS, AND THE EXCEPTIONS PROVIDED THEREIN.

PLEASE REVIEW THIS NOTICE CAREFULLY.

As part of my professional practice, I maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. "Protected health information" ("PHI") is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care. PHI is used when we share, apply, utilize, examine, or analyze information within our practice; PHI is disclosed when we release, transfer, give, or otherwise reveal it to a third party outside our practice. With some exceptions, we may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, we are always legally required to follow the privacy practices described in this notice, and to provide you with this notice about our privacy procedures.

Please note that we reserve the right to change the terms of this notice and our privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with us. Before we make any important changes to our policies, we will immediately change this notice and post a new copy of it in our office(s) as applicable and on our website www.kainoscounseling.org. You may also request a copy of this notice from us, or you can view a copy of it in our office or on our website.

Your Rights Regarding Your PHI. The following are your rights regarding PHI I maintain about you:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted or denied only in certain limited circumstances to be explained to you in writing, to inspect and copy your PHI that I maintain. Requests must be made in writing, to which a response will be given within 30 days of receipt to your written request. For hard copies of your PHI, a \$.25 charge per page will be assessed, in addition to applicable case management fees as outlined in the *Schedule of Fees and Financial Policies*. We may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request a copy of the required accounting of disclosures that I make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you in a certain way or at a certain location. We will accommodate reasonable requests and will not ask why you are making the request.
- **Right to a Copy of this Notice.** You have the right to a paper copy of this notice.
- **Right to an Accounting of Disclosures.** You are entitled to a list of disclosures of your PHI that we have made. This list will not include uses or disclosures to which you have already consented, i.e., those for treatment, billing/payment, or health care operations, nor for disclosures made for national security purposes, or to corrections or law enforcement personnel. All disclosure records will be held for six years. We will respond to your written request for an accounting of disclosures within 60 days of receipt of your request. This list will include the date of disclosure, to whom the disclosure was made, a description of the information disclosed, and the reason for the disclosure. Applicable case management fees associated with such requests will be assessed in accordance with *the Schedule of Fees and Financial Policies*.
- **Notification of Breach.** You have a right to be notified if there is a breach of your unsecured PHI. This would include information that could lead to identity theft. You will be notified if there is a breach or violation of the HIPAA Privacy rule and there is an assessment that your PHI may be compromised.
- **Right of Complaint.** You have the right to file a complaint in writing with me or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. *I will not retaliate against you for filing a complaint.*

Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations

Treatment. We may use your PHI for the purpose of providing you with health care treatment, including discussing or sharing your PHI with our trainees and interns. To coordinate and manage your care, we may disclose your PHI to others of your current providers (physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care, and to the extent you have not raised an objection in writing, to your prior providers, or to other persons, including family members, involved in your care.

Payment. We may use your PHI to bill and collect payment for the treatment and services we provide you. This may include contacting the client's guarantor, a third party collection agency, or health insurance company for prior approval of planned treatment, insurance verification, or for billing purposes.

Health Care Operations. We may use and disclose your PHI to facilitate the efficient and correct operation of our professional practice in support of the functions of treatment and payment. This may include reviewing treatment care, health care education and training of staff, accreditation surveys, or to provide planning, quality assurance, peer review, administrative, legal, or financial services to assist in the delivery of your health care.

KAINOS COUNSELING AND CONSULTATION, PLLC

800 ROOSEVELT ROAD, BUILDING E
SUITE #410
GLEN ELLYN, IL 60137
(630) 216-9201
WWW.KAINOSCOUNSELING.ORG

Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object

Required by Law. We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. We also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Health Oversight. We may disclose your PHI to a health oversight agency for activities authorized by law, such as regarding professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to us (such as third-party payers).

Threat to Health or Safety. We may disclose your PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual, and/or to sufficiently address an immediate emergency you might be facing.

Appointment Reminders. We may use your PHI to contact you to remind you of your appointments.

Business Associates. We may disclose your PHI to Business Associates that are contracted to perform health care operations or payment activities on the agency's behalf which may involve their collection, use or disclosure of your PHI. This may include billing services, consultation, and/or legal and related business practices. In such circumstances, third party Business Associates will be subject to a Business Associate Agreement which obligates and such associates to maintain privacy consistent with the state and federal requirements outlined herein.

Compulsory Process. We will disclose your PHI if a court of competent jurisdiction issues an appropriate order. We will also disclose your PHI if (1) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid my compliance, (2) no qualified judicial or administrative protective order has been obtained, (3) We have received satisfactory assurances that you received notice of an opportunity to have limited or quashed the discovery demand, and (4) such time has elapsed.

Uses and Disclosures of PHI With Your Written Authorization

We will make other uses and disclosures of your PHI only with your written authorization. You may revoke this authorization in writing at any time, unless we have taken a substantial action in reliance on the authorization such as providing you with health care services for which we must submit subsequent claim(s) for payment.

This Notice

This Notice of Privacy Practices informs you how we may use and disclose your protected health information ("PHI") and your rights regarding your PHI. We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time.

CONTACT INFORMATION

I am my own Privacy Officer, so, if you have any questions about this Notice of Privacy Practices, please contact me.

My contact information is:

Ben Dally, M.A., MDiv, PhD, LCPC, EMDR

Kainos Counseling and Consultation LLC

26W068 Jewell Road

Wheaton, IL

630-216-9201

BEN@KAINOSCOUNSELING.ORG

Complaints

If you believe I have violated your privacy rights, you may file a complaint in writing to me, as my own Privacy Officer, specified on the first page of this Notice. **I will not retaliate against you for filing a complaint.** You may also file a complaint with the Secretary of the Department of Health and Human Services.

The effective date of this Notice is August 19, 2023.

Acknowledgment

I understand and hereby acknowledge receiving a copy of this notice.

Client Signature

Date

Client Signature

Date

Client Parent/Guardian Signature (if client is under age 18)

Date

Counselor Signature

Date