Suite 2201

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**Notice of Privacy Practices**

Effective April 14, 2003

This notice describes how treatment information about you may be used, disclosed, and how you can have access to this information.

**Right to Privacy**

Health care providers are required by federal and state law to maintain the privacy of your treatment information. We are also required to give you notice about our privacy practices, legal duties, and your rights concerning your treatment information.

I must follow the privacy practices that are described while it is in effect. I reserve the right to change my privacy practices and the terms of this notice at any time provided such changes are applicable by law. You may request a copy of this notice at any time from me.

**Uses and Disclosures of Treatment Information**

I will use information about your health care to provide you with treatment, to arrange payment for my services, and in conjunction with other health care providers, organizations, and other professionals. The privacy practice information will be followed by any associate involved in your care, and any business associate with whom I share health information.

The following categories describe examples of the way I use and disclose information:

For Treatment: I may discuss your treatment information with another mental health professional. For example, I may provide information to your health plan or other providers to arrange for a referral or consultation.

For Payment: I may use and disclose your treatment information to obtain payment for services I provide you, including but not limited to businesses in connection with billing and collection activities.

Legal Proceedings: I may use and discuss information in response to a court or administrative order, subpoena, discovery request, or other lawful process under certain circumstances.

I may disclose information to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. I may disclose information to the extent necessary to protect your health or safety, or the health or safety of others.

I will not disclose your treatment information if that disclosure is prohibited or significantly limited by other applicable law.

**Your Health Information Rights**

You have the right to request restrictions of uses and disclosures of your treatment information for the purposes of treatment, payment, or health care operations. While I am not required to allow your request, if I do agree with the request, I will comply except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide emergency treatment.

With limited exceptions, you have the right to inspect or request a copy of treatment information that may be used to make decisions about your care. You must make your request in writing.

You have the right to request that I amend or make changes to your treatment record. Your request must be in writing and it must explain why the information should be changed.

You have the right to request and receive a list of instances in which I disclosed your information for purposes other than treatment, payment, or those disclosures you have authorized in writing.

You have the right to request that I contact you by alternate means or at alternate locations. For instance, you may ask that I contact you at work. You must inform me in writing if alternative means are required.

If you have any questions or complaints, or wish a copy of this policy, you may inform me in writing. You may also complain to the Secretary of Health and Human Services if you feel I have violated your privacy rights. There will be no retaliation for filing a complaint.