



## **Notice of Privacy Practices** **Health Insurance Portability and Accountability Act**

**This notice describes how health information about you may be used and disclosed and how you can get access to this information.  
Please review it carefully.**

Back to Balance Counseling, LLC has been and will always be totally committed to maintaining clients' confidentiality. We will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect August 12, 2016, and will remain in effect until we replace it.

This notice describes our policies related to the use and disclosure of your healthcare information.

**Uses and disclosures of your health information:** Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allows us to use and disclose your health information for these purposes.

**TREATMENT** We may need to use or disclose health information about you to provide, manage or coordinate your care or related services, which could include consultants and potential referral sources.

**PAYMENT** Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. We may bill the person in your family who pays for your insurance.

**HEALTHCARE OPERATIONS** We may need to use information about you to review our treatment procedures and business activity. Your information maybe used for certification, compliance and licensing activities.

**Other uses or disclosures of your information which do not require your consent:** There are some instances where we may be required to use and disclose information without your consent. For example, but not limited to:

- Information you and/or your child or children report about physical or sexual abuse: then by Illinois State Law, we are obligated to report this to the Department of Children and Family Services.
- If you provide information that informs us that you are in danger of harming yourself or others.
- Information to remind you of /or to reschedule appointments or treatment alternatives.
- Information shared with law enforcement if a crime is committed on our premises or against our staff or as required by law such as a subpoena or court order.

Clinical records, psychotherapy notes and other disclosures require a separate signed release of information. You have a right to or will receive notification of a breach of any unsecured personal health information. You have a right to restrict any disclosure of personal health information where you have paid for services out-of-pocket and in full.

**11 North Grant Street, Suite 203 Hinsdale, IL 60521**  
**Info@backtobalancecounseling.com ~ 773.242.8898**

## **Client Rights**

### Right to request how we contact you

It is our normal practice to communicate with you at your home address and daytime phone number you gave when you scheduled your first appointment, about health matters, such as appointment reminders, etc. Sometimes we may leave messages on your voicemail. You have the right to request that your therapist communicate with you in a different way.

### Right to release your medical records

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

### Right to inspect and copy your medical and billing records

You have the right to inspect and obtain a copy of your information contained in our medical records. To request access to your billing or health information, contact the office manager. Under limited circumstances, we may deny your request to inspect and copy. If you ask for a copy of any information, we may charge a reasonable fee for the costs of copying, mailing and supplies.

### Right to add information or amend your medical records

If you feel that information contained in your medical record is incorrect or incomplete, you may ask us to add information to amend the record. We will make a decision on your request with 60 days, or some cases within 90 days. Under certain circumstances, we may deny your request to add or amend information. If we deny your request, you have a right to file a statement that you disagree. Your statement and our response will be added to your record. To request an amendment, you must contact the office manager. We will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

### Right to an accounting of disclosures

You may request an accounting of any disclosures, if any, we have made related to your medical information, except for information we used for treatment, payment, or health care operational purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to the Privacy Officer. We will notify you of the cost involved in preparing this list.

### Right to request restrictions on uses and disclosures of your health information

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be in writing and submitted to our office manager. However, we are not required to agree to such a request.

### Right to complain

If you believe your privacy rights have been violated, please contact us personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.

### Right to receive changes in policy

You have the right to receive any future policy changes secondary to changes in state and federal laws. This can be obtained from the office manager.



## **Acknowledgement of Receipt for Notice of Privacy Practices**

I have read, understand, and received a copy of the Notice of Privacy Practices, Health Insurance Portability and Accountability Act (HIPAA)

\_\_\_\_\_  
Client name (print)

\_\_\_\_\_  
Name of guardian if client is under 18 years old (print)

\_\_\_\_\_  
Client or guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist signature

\_\_\_\_\_  
Date