

# Crosswinds Center for Personal and Professional Development, LLC

## Privacy of Information Policies

**This form describes the confidentiality of your psychotherapy records, how the information is used, your rights, and how you may obtain this information.**

Effective 1-2-13

### **Our Legal Duties**

State and Federal laws require that your mental health records be kept private. Such laws require that you be provided with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide by these policies until replaced or revised. We have the right to revise our privacy policies for all psychotherapy records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed to your service provider in an evaluation, intake, or psychotherapy session are covered by the law as private information. We respect the privacy of the information you provide and your service provider abides by ethical and legal requirements of confidentiality and privacy of records.

### **Use of Information**

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client, the client's legal guardian, or personal representative. It is our policy not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person or persons, your service provider is required either to warn the intended victim or report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, your service provider may be required to notify legal authorities and make reasonable attempts to notify the family of the client. In such cases, he or she may also seek to hospitalize you against your will. Illinois law may require him or her to notify the state police in these circumstances in order to have your Firearm Owners Identification (FOID) card revoked.

### **Public Safety**

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

### **Abuse**

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, your service provider is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, the service provider may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

### **Prenatal Exposure to Controlled Substances**

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

### **In the Event of a Client's Death**

In the event of a client's death, the spouse, parents, or estate executor of a deceased client have a right to access records.

### **Judicial or Administrative Proceedings**

Health care professionals are required to release records of clients when a court order has been placed. While your service provider will first assert your privilege (or right to private communications), but may ultimately be required by a judge's order to disclose your personal information.

### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. Illinois law does offer additional provisions and protections for minors between 12 and 17 years of age.

### **Other Provisions**

When partial or full payment for services are the responsibility of the client or other person agreeing to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, the time-frame, and the name of the clinic or collection source.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name or any other identifying information of the client is not disclosed. Only information necessary to aid me in providing you the best treatment possible is disclosed.

In the event the clinician must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please notify your service provider in writing where he or she may reach you by phone and how you would like him or her to identify him or herself. For example, you might request that when you are phoned at home or work, your service provider does not say his or her name or the nature of the call, but rather use his or her first name only. If this information is not provided to your provider (below), he or she will adhere to the following procedure when making phone calls: First he or she will ask to speak to the client (or guardian) without identifying who he or she is. If the person answering the phone asks for more identifying information he or she will identify him or herself by first name only (to protect confidentiality) and say that it is a personal call. If I reach an answering machine or voice mail the same guidelines will be followed.

### **Your Rights**

You have the right to request to review or receive your medical (professional) files. The procedure for obtaining a copy of your medical information is as follows. You may request a copy of your records in writing with an original (not photocopied) signature. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. The charge for this service is \$1.00 per page, plus postage.

You have the right to cancel a release of information by providing a written notice. If you desire to have your information sent to a location different than the address on file, you must provide this information in writing.

You have the right to restrict which information might be disclosed to others. While your provider will do his or her best to abide by your requests, he or she may disclose information when it is necessary in order to comply with legal exceptions as stated above.

You have the right to request that information about you be communicated by other means or to another location. This request must be made in writing.

You have the right to disagree with the medical (professional) records in our files. You may request that this information be changed. Although this request changing the record might be denied, you have the right to make a statement of disagreement, which will be placed in your file.

You have the right to know what information in your record has been provided to whom. Request this in writing.

You will be given a copy of this notice once we review it, you have had the opportunity to ask any questions, and you have signed the form.

### **Complaints**

If you are concerned that your privacy rights have been violated, or disagree with a decision made about access to your records, please bring your concern to your service provider's attention. He or she will get back to you in a timely manner. If the matter cannot be resolved satisfactorily, there are appropriate state and federal agencies that can provide assistance.

You may also submit a complaint to the U.S. Dept. of Health and Human Services and/or the state licensing board. If you file a complaint I will not retaliate in any way. However, you should know that Illinois law permits disclosure of information in order for me to defend against a complaint. Direct all correspondence to: Mitchell Hicks, PhD, ABPP, Licensed Clinical Psychologist

**I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.**

Client's name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed by:  client  guardian  personal representative