

Notice of Privacy Practices

Mindset Mindfully N-Tune PLLC

PO Box 43309 Chicago, IL 60643

708-312-0264

Mindsetmindfullyntune@counselingmail.com

01/01/2025

This notice went into effect on 01/01/2025

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING YOUR HEALTH INFORMATION

I understand that health information about you and your healthcare is personal. I am committed to protecting your health information. I create a record of the care and services you receive from me, which I need to provide quality care and comply with legal requirements.

This notice applies to all records of care generated by this mental health practice. It will explain how I may use and disclose your health information, and describe your rights to the information I keep about you. Additionally, I will describe my obligations regarding the use and disclosure of your health information.

I am required by law to:

- Ensure that protected health information ("PHI") that identifies you is kept private.
- Provide you with this notice of my legal duties and privacy practices regarding health information.
- Follow the terms of the notice currently in effect.

I can change the terms of this notice, and such changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe how I may use and disclose health information. For each category, I'll explain what it means and provide examples. Not every use or disclosure in each category will be listed, but all uses and disclosures will fall within one of the categories.

For Treatment, Payment, or Health Care Operations:

Federal privacy rules allow healthcare providers to use or disclose health information for their own treatment, payment, or healthcare operations without written authorization from the patient. I may also disclose your PHI for the treatment activities of other healthcare providers. For example, if I consult with another healthcare provider regarding your condition, I can disclose your health information for their assistance in diagnosis and treatment.

Disclosures for treatment are not subject to the "minimum necessary" standard, because healthcare providers need full access to your records to provide quality care. "Treatment" includes coordinating and managing care, consultations between providers, and referrals for additional care.

Lawsuits and Disputes:

If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose information about your child in response to a subpoena, discovery request, or other lawful process related to a dispute, but only if efforts have been made to notify you or to obtain an order protecting the information.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes:

I keep "psychotherapy notes" as defined by HIPAA (45 CFR § 164.501). Any use or disclosure of these notes requires your written **Authorization**, unless the use or disclosure is for the following purposes:

- My use in treating you.
- My use in training or supervising mental health practitioners.
- My use in defending myself in legal proceedings initiated by you.
- Use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- Required by law for specific health oversight activities.
- Required by a coroner performing duties authorized by law.
- Required to help avert a serious threat to health and safety.

Marketing Purposes:

As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

Sale of PHI:

As a psychotherapist, I will not sell your PHI in the normal course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations under the law, I may use or disclose your PHI without your Authorization for the following reasons:

- **Required by law:** If disclosure is mandated by state or federal law.
- **Public health activities:** Such as reporting suspected abuse or reducing serious health or safety threats.
- **Health oversight activities:** Including audits and investigations.
- **Judicial and administrative proceedings:** In response to a court or administrative order (although I prefer to obtain your Authorization before disclosing in these cases).
- **Law enforcement:** For crimes occurring on my premises.
- **Coroners or medical examiners:** If they are performing duties authorized by law.
- **Research purposes:** For activities such as studying treatment outcomes or comparing therapies.
- **Specialized government functions:** Including military operations or intelligence activities.
- **Workers' compensation:** I may disclose PHI for compliance with workers' compensation laws, but my preference is to obtain your Authorization before doing so.
- **Appointment reminders and health-related services:** I may use and disclose your PHI to remind you about appointments or to inform you of treatment alternatives or other health services I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to Family, Friends, or Others:

I may disclose your PHI to a family member, friend, or another person involved in your care or payment for your healthcare, unless you object in whole or in part. In emergency situations, I may provide this information retroactively.

VI. YOUR RIGHTS WITH RESPECT TO YOUR PHI

You have the following rights with respect to your PHI:

- **The Right to Request Limits on Uses and Disclosures:** You may request restrictions on the use or disclosure of certain PHI for treatment, payment, or healthcare operations. However, I am not required to agree to your request and may deny it if it affects your care.
- **The Right to Request Restrictions on Disclosures for Out-of-Pocket Expenses:** If you've paid for a healthcare service out-of-pocket, you may request a restriction on disclosures to your health plan for payment or operations.
- **The Right to Choose How PHI Is Sent to You:** You can request that I contact you in a specific way (e.g., home or office phone) or to send mail to a different address. I will accommodate all reasonable requests.
- **The Right to Access and Obtain Copies of Your PHI:** You may request an electronic or paper copy of your medical records (except psychotherapy notes). I will provide a copy or summary of your records within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee.

- **The Right to Request an Accounting of Disclosures:** You may request a list of disclosures made for purposes other than treatment, payment, or healthcare operations. This list will include disclosures made in the last 6 years, unless you request a shorter period. I will provide this list for no charge, but a reasonable fee may apply for multiple requests in the same year.
- **The Right to Correct or Update Your PHI:** If you believe your PHI is incorrect or incomplete, you may request that I correct or update it. I may deny your request but will provide the reason in writing within 60 days.
- **The Right to a Copy of this Notice:** You have the right to receive a paper or electronic copy of this notice. Even if you have agreed to receive it electronically, you may request a paper copy at any time.
- **The Right to Choose Someone to Act For You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
- **The Right to Revoke an Authorization.**
- **The Right to Opt out of Communications and Fundraising from our Organization.**
- **The Right to File a Complaint:** You can file a complaint if you feel I have violated your rights by contacting me using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.