



Center for Personal Growth

Owner: Erin M Liebich, Psy.D

Carol Stream, IL 60188

(630) 791-0118 receptiondesk@Center4PersonalGrowth.net Fax (630) 708-7654

Notice of Privacy Practices

As a psychologist, I am committed to protecting your privacy and confidentiality to the full extent of the law. This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. This notice conforms to the Federal Health Insurance Portability and Accountability Act (HIPAA) effective April 14, 2003. It also conforms to the health care privacy laws of Illinois. Please read it carefully.

I. Uses and Disclosures NOT Requiring Your Authorization

Our office may use or disclose your protected health information (PHI) for certain treatment, payment, and health care operations* purposes without your authorization. In certain circumstances I can only do so when the person or business requesting your PHI gives me a written request that includes certain promises regarding protecting the confidentiality of your PHI.

*To help clarify these terms, here are some **definitions**:

- **PHI** refers to information in your health record that could identify you. For example, it may include your name, the fact you are receiving treatment here, and other basic information pertaining to your treatment. Use applies only to activities within my office and practice group, such as sharing, employing, applying, utilizing, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of my office or practice group, such as releasing, transferring, or providing access to information about you to other parties.
- **Authorization** is your written permission to disclose confidential health information. All authorizations to disclose must be made on a specific and required form.
- **Treatment** is when I provide, coordinate, or manage your health care and other services related to your health care. For example, with your written authorization I may provide your information to your physician to ensure the physician has the necessary information to diagnose or treat you.
- **Payment** refers to when your PHI may be used, as necessary, in activities related to obtaining payment for your health care services. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.
- **Health Care Operations** are activities that relate to the performance and operation of my practice. I may use or disclose, as needed, your protected health information in support of business activities. For example, when I review an administrative assistant's performance, I may need to review what that employee has documented in your record.



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II. *Uses and Disclosures Requiring Your Authorization*

Our office may use or disclose PHI for purposes *outside of* treatment, payment, and health care operations when your appropriate authorization is obtained. Additionally, certain categories of information have extra protections by law, and thus require special written authorization for disclosures.

- **Psychotherapy Notes** – I will obtain a special authorization before releasing your psychotherapy notes. “Psychotherapy Notes” are notes that I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your record. *These notes are given a greater degree of protection than PHI.*
- **HIV Information** – Special legal protections apply to HIV/AIDS related information. I will obtain a special written authorization from you before releasing information related to HIV/AIDS.
- **Alcohol and Drug Use Information** – Special legal protections apply to information related to alcohol and drug use and treatment. I will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment.

In those instances when I am asked for information for purposes outside of treatment and payment operations, I will obtain an authorization from you before releasing this information. You may revoke or modify all such authorizations (of PHI, Psychotherapy Notes, HIV Information, and/or Alcohol and Drug Use Information) at any time provided each revocation is in writing and signed by you. However it will not go into effect until I receive it.

III. *Limits on Confidentiality – Uses & Disclosures Requiring Neither Consent nor Authorization*

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse** – Whenever I, in my professional capacity, have knowledge of or observe a child I know or reasonably suspect has been the victim of child abuse or neglect, as a *Mandated Reporter*, I must immediately report such to a police department or sheriff’s department, county probation department, or county welfare department. Also, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, I may report such to the above agencies.
- **Adult and Domestic Abuse** – If I, in my professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse,



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- abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, as a Mandated Reporter, I must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency. I do not have to report such an incident if:
- ✓ I have been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect; *AND*
 - ✓ I am not aware of any independent evidence that corroborates the statement that the abuse has occurred; *AND*
 - ✓ The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia; *AND*
 - ✓ In the exercise of clinical judgment I reasonably believe the abuse did not occur.
- **Health Oversight** – If a complaint is filed against me with the Illinois Board of Professional Regulation, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.
 - **Judicial or Administrative Proceedings** – If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without:
 - ✓ Your written authorization or the authorization of your attorney or personal representative; *or*
 - ✓ A court order; *or*
 - ✓ A subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides me with a showing that you or the attorney have been served with a copy of the subpoena, affidavit, and the appropriate notice, and you have not notified me that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. I will inform you in advance if this is the case.
 - **Serious Threat to Health or Safety** – If I believe that you present an imminent, serious risk of injury or death to yourself, I may make disclosures I consider necessary to protect you from harm. If you communicate to me a specific threat of



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imminent harm against another individual or if I believe there is clear, imminent risk of injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm.

- **Worker's Compensation** – I may disclose PHI as authorized by, and to the extent necessary to comply with, laws relating to worker's compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

IV. *Client's Rights*

- Right to Request Restrictions – You have the right to request restrictions on certain uses/disclosures of PHI. However, I am not required to agree to the request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- Right to Amend – You have the right to request an amendment of PHI for as long as it is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- Right to an Accounting – You generally have the right to receive an accounting of all disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this notice). On your request, I will discuss with you the details of the accounting process.

V. *Psychologist's Responsibilities*

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with request to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify you at our next session or by mail at the address you provided me on your registration paperwork.



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VI. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please contact me at:

Center for Personal Growth
Attn: Dr. Erin M Liebich, Psy D
640 E Saint Charles Rd, Suite 212
Carol Stream, IL 60188
(630) 791-0118

If you believe that your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services. All complaints must be submitted in writing. I will not retaliate against you for exercising your right to file a complaint. I can provide you with the appropriate address upon request.

VII. Effective Date, Restrictions, and Changes to Privacy Practices

This notice will go into effect September 1, 2013. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. Should this occur, I will notify you of such changes and offer to provide you a paper copy of the revised notice.