



HIPAA - Rights to Privacy Information

This notice is a summary of how mental health records and information about you may be used and disclosed and how you can get access to this information. Your rights are established pursuant to HIPAA, the Illinois Mental Health and Developmental Disabilities Confidentiality Act, state and federal alcohol and substance abuse privacy laws, and the exceptions provided in these regulations. Please review it carefully.

Your Rights - You have the right to:

- Get a copy of your paper or electronic mental health record
- Correct your paper or electronic mental health record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of the privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices - You have choices in how your information is shared and used, as Anne Drake, LCSW:

- May not disclose any mental health record or information except as provided under HIPAA, the Illinois Mental Health and Developmental Disabilities Confidentiality Act, state and federal alcohol and substance abuse privacy laws, and the exceptions provided in these regulations.
- May not tell any third party, including family and friends, about your condition except as provided for in the above identified regulations. For example: only pursuant to a valid subpoena, release of information pursuant to the Abused and Neglected Child Reporting Act, and under certain other circumstances of imminent risk of harm.

Your Personal Health Information

Your Rights:

- Get an electronic or paper copy of your mental health record
- You can ask to see or get an electronic or paper copy of your mental health record and other health information we have about you.
- We will provide a copy or summary of your health information, within 30 days of your request. A cost-based fee may be assessed.
- Ask to correct your mental health record.
- Request confidential communications.
- Request to be contacted in a specific way (for example, home or cell phone only) or to send email to a different address.
- To ask Anne Drake, LCSW, not use or share certain health information for treatment, payment or operations. Anne Drake, LCSW, is not required to agree with your request, and may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket, you can ask for that information to not be shared for payment or our operations with your health insurer. We will say "yes" unless a law requires that information to be shared.
- Get a list of those with whom your information has been shared.
- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, with whom it was shared, and why.
- All disclosures will be included except for those about treatment, payment, and health care operations and certain other disclosures (such as any you ask to make).
- Get a copy of this privacy notice at any time.
- Choose someone to act for you.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. A paper copy will be provided promptly.
- If you have given someone mental health power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- If a mental health power of attorney or legal guardian is involved, it will be verified that this person has the authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated.
- You can complain directly to Anne Drake, LCSW, if you feel your rights have been violated. You may file a complaint with the US Department of Health and Human Services by sending a letter to:

Office for Civil Rights
200 Independence Avenue, SW
Washington, DC 20201

Or calling 1-800-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints

- Anne Drake, LCSW, will not retaliate against you for filing a complaint.

Your Choices: For certain health information, you can make choices about what is shared. If you have a clear preference for how your information is shared in the situations described below, please share that. In these cases, you have both the right and the choice to decide how it is shared and with whom.

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell your preference, for example if you are unconscious, your information may be shared if it is believed to be in your best interest of care. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Uses and Disclosures

Subject to HIPAA, the Illinois Mental Health and Developmental Disabilities Confidentiality Act, state and federal alcohol and substances abuse privacy laws, and exceptions provided in these regulations, your health information may be used in the following ways:

- Provide treatment to you
- Comply with the law
- Run the organization
- Bill for your services
- Bill and get payment from health plans or other entities
- We may contract with business associates to do work directly for us related to your treatment; this may include billing consultation, legal, and related business practices. In such circumstances, the business associate will be subject to a Business Associates Agreement which obligates any such associate to maintain privacy consistent with the state and federal requirements outlined in these regulations.

Anne Drake, LCSW, may be required or allowed to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. Many conditions in the law must be met before your information can be shared for these purposes. For more information, please see the Illinois Mental Health and Developmental Disabilities Confidentiality Act, state and federal alcohol and substance abuse privacy laws, and exceptions provided in these regulations. You may also visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Subject to certain exceptions, your health information can be shared for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Anne Drake, LCSW's Responsibilities to You

- Required by law to maintain the privacy and security of your protected health information.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- Not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by notifying Anne Drake, LCSW, in writing.
- For more information, please visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

Anne Drake, LCSW, can change the terms of this notice and the changes will apply to all information held pertaining to you. The new notice will be available upon request. Your personal information will never be sold or marketed.

- *Effective Date of this notice is March 12, 2018*



Health Insurance Portability and Accountability Act Agreement

Client Name: _____

Your signature below indicates that you have read the Anne Drake, LCSW, HIPPA Agreement and agree to its terms. It also serves as an acknowledgment that you have received the HIPPA notices form described above, a copy of which can be requested from Anne Drake, LCSW.

_____	_____
Patient Signature (if 12 years old or older)	Date

_____	_____
Signature of Parent/Guardian	Date