



The  
**Baldwin Center**  
For  
Psychological  
Services  
Ltd.

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## **NOTICE OF PRIVACY POLICY AND PRACTICES**

**THIS NOTICE IS INTENDED TO PROTECT THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION IN COMPLIANCE WITH HIPAA, EFFECTIVE APRIL 14, 2003**

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

### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

You will be asked to sign a separate “*Consent for Treatment*” form prior to the start of your care. You will also be asked to sign a “*Consent for Use and Disclosure of Protected Health Information and Receipt of Notice of Privacy Policy and Practices*” in which you will be authorizing (consenting to) the use and disclosure of your protected health care information (PHI) for treatment, payment and health care operations, as explained below. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment, and Health Care Operations*”  
*Treatment* is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another therapist.  
*Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your care or to determine eligibility or coverage.  
*Health Care Operations* are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits, bookkeeping, billing and administrative services, supervision, consultation, case management and care coordination.
- “*Use*” applies only to activities within The Baldwin Center (hereafter The Center) such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of The Center, such as releasing, transferring, or providing access to information about you to other parties.
- “*Authorization*” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form, which we comply with.

### **II. Other Uses and Disclosures Requiring Authorization**

The Center may use or disclose PHI for purposes outside of Treatment, Payment, or Health Care Operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of Treatment, Payment, or Health Care Operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) The Center has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### **III. Uses and Disclosures without Authorization**

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

- *Child Abuse* – If we have reasonable cause to believe a child known to us in our professional capacity may be an abused child or a neglected child, we must report this belief to the appropriate authorities.
- *Adult and Domestic Abuse* – If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.
- *Health Oversight Activities* – We may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information by any party about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and we must not release such information without a court order. We can release the information directly to you on your request. Information about all other psychological services is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.
- *Serious Threat to Health or Safety* – If you communicate to us a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.
- *Worker's Compensation* – We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

### **IV. Patient's Rights and Therapist's Duties**

#### Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a therapist. On your *written* request to your primary therapist, your bills will be sent to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. You must submit your request in writing to your primary therapist. A fee of \$15.00 plus \$.25 per page copied will be charged to cover the time and costs involved.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in your record. Your request may be denied. You must submit your request in writing to your primary therapist, and include a reason that supports your request for an amendment. A fee of \$15.00 plus \$.25 per page copied will be charged to cover the time and costs involved.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. You must submit your request in writing to your primary therapist. Your request must specify a time period that cannot exceed the previous six years and may not include dates prior to April 14, 2003. A fee of \$15.00 plus \$.25 per page copied will be charged to cover the time and costs involved.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this “*Notice*” from us upon request.

#### Therapist's Duties and Changes To Privacy Policy and Practices

- We are required by law to maintain the privacy of PHI and to provide you with a notice (this document) of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice, and to make the new notice provisions effective for all PHI that we maintain. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

- If we revise our policies and procedures, we will provide you with a written copy hand delivered or mailed to you at our discretion.

**V. Questions and Complaints**

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact your primary therapist, or Privacy Officer Dr. John Baldwin, at The Baldwin Center's main phone number, 847.295.1600.

If you believe that your privacy rights have been violated and wish to file a complaint with The Center, you may send your written complaint to your primary therapist or Privacy Officer Dr. John Baldwin, to The Baldwin Center's address located at the top of page one.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Your primary therapist or the Privacy Officer can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. You will not be penalized for exercising your right to file a complaint.

**VI. Effective Date:**

This notice goes into effect on April 14, 2003

*By signing below you indicate that you have read and understand The Baldwin Center's Notice of Privacy Policy and Practices. You will be given a copy, and we will retain one in your records.*

Patients Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_