

## **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IHC is required, by law, to maintain the privacy and confidentiality of your Protected Health Information (PHI) and to provide its patients with notice of its legal duties and privacy practices with respect to your PHI. Disclosure of Your Health Care Information:

### **Treatment**

We may disclose your PHI to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with IHC.

### **Payment**

We may disclose your PHI to your insurance provider for the purpose of payment or health care operations. As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to IHC for health care services rendered. The billing statement contains medical information, including diagnosis, date of service rendered, and codes which describe the health care services received.

### **Emergencies**

We may disclose your PHI to a family member, or another person responsible for your care in the event of an emergency or of your death.

### **Public Health**

As required by law, we may disclose your health information to public health authorities for purposes related to: reporting elder abuse or neglect and/or domestic violence.

### **Research**

We may disclose your health information to researchers conducting research that has been approved by the State of Illinois Department of Human Services.

### **Change in Practice**

In the event that IHC is sold or merged with another organization, your health information/record will become the property of the new owner. You will be notified in writing of this change.

### **Death of Therapist**

In the event of the death of your therapist, your health information/record will be transferred to a new therapist. You will be notified in writing of this change.

### **Your Health Information Rights**

Each person over the age of 18 has the right to request restrictions on certain uses and disclosures of their health information. Please be advised, however, that IHC is not required to agree to the restrictions requested.

You have the right to request that your health information be received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery.

You have the right to inspect and copy your health information. You have the right to request that IHC amend your PHI. However, IHC is not required to agree to amend your protected health information. If your request to amend your health information is denied, you will be provided with an explanation of our denial reason(s) and with information about how you can disagree with the denial.

You have a right to receive an accounting of disclosures of your PHI made by IHC. Please send your request for information in writing to: In-Home Counseling, 800 Main St, Ste 210, Antioch IL 60002. We may charge you a fee to cover the cost of copying, mailing and other supplies to provide you with requested information. We may deny a person's request to review and copy information in certain limited circumstances. If IHC denies a client's request for information, the client may be entitled to a review of that denial.

If you feel that your PHI is incorrect or incomplete, you have the right to request that we amend it. A request to amend your PHI must be submitted in writing to: In-Home Counseling, 800 Main St, Ste 210, Antioch IL 6002. A client has the right to request that we place restrictions on disclosure of their PHI for treatment, payment and health care operations. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. Request to place restrictions on disclosure of your PHI must be submitted in writing to: In-Home Counseling, 800 Main St, Ste 210, Antioch, IL 60002.

### **Confidentiality Communication**

The client has a right to request that we communicate with them in confidence about their PHI by alternative means or to an alternative location. For example: The client may ask that we contact them only at work or by mail. The client must specify how and where they wish to be contacted. We will accommodate all reasonable requests. We require you to send us a written request to: In-Home Counseling, 800 Main St, Ste 210, Antioch, IL 60002.

### **Others Acting on a Client's Behalf**

These rights may also be exercised by someone who has the legal right to act on the client's behalf.

### **Changes to this Notice of Privacy Practices**

IHC reserves the right to amend this Notice of Privacy Practices at any time, and will make any new provisions effective for all information that it maintains. Until such amendment is made, IHC is required by law to comply with this Notice. IHC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions, objections, or changes about any part of this notice or if you want more information about your privacy rights, please contact IHC's privacy officer at (847) 903-5604.

### **Copy of this Notice**



**In-Home Counseling**  
counseling in the comfort of your own home

800 Main Street, Ste. 210, Antioch, IL 60002

PH: (847) 903-5604 \* FAX: (224) 788-5112

[www.inhomecounselingservices.com](http://www.inhomecounselingservices.com)

The client is entitled to receive a printed (paper) copy of this notice at any time. Please contact us using the information listed above either by phone or in writing.