

# Radzom Counseling LLC

40B Edwardsville Prof Park  
Edwardsville, Illinois 62025

(618) 795-2697  
www.RadzomCounseling.com

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## Notice of Privacy Practices

\*\*This is for your reference and does not need to be returned\*\*

This notice is required by the federal government under the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of Protected Health Information (PHI) used for the purpose of treatment, payment, and other health care operations. This notice describes how your information may be used and disclosed and how you can access this information. The practice is required to obtain your signature indicating that you have received this notice. Please note that this required notice details only *minimum* protections.

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

Your *protected health information (PHI)* may be disclosed for *treatment, payment, and health care operations* purposes with your general consent to treatment. 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 providing, coordinating or managing your health care and other related services. An example of treatment is when another health care provider is consulted. *Payment* is when reimbursement for your health care is obtained. An example of payment is when your PHI is disclosed to your health insurer to obtain reimbursement for your health care or to determine your coverage. *Health Care Operations* are activities that relate to the performance and operation of a mental health practice. Examples of health care operations are quality improvement activities including auditing files and administrative services.
- *Use* applies only to activities within Radzom Counseling's office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *Disclosure* applies to activities outside of Radzom Counseling's office, such as releasing, transferring, or providing access to information about you to other parties.

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

Your PHI may be disclosed for purposes outside of treatment, payment, or health care operations only with your authorization. An "*authorization*" is specific written permission. When the practice is asked for information for purposes outside of treatment, payment or health care operations, the practice will obtain an authorization from you before releasing this information.

You may revoke, in writing, all such authorizations at any time. You may not revoke an authorization to the extent that 1) the authorization has already been relied on or acted upon; or 2) if the authorization was obtained as a condition of obtaining insurance coverage (law provides the insurer the right to contest a claim for payment).

### **III. Uses and Disclosures with Neither Consent nor Authorization**

Your PHI could be disclosed without your consent or authorization in the following circumstances:

- *Child Abuse* – If Radzom Counseling or a provider working with Radzom Counseling, in the performance of occupational duties, reasonably suspects that a child has suffered harm as a result of child abuse or neglect, this must immediately reported to the appropriate authority.
- *Health Oversight Activities* – PHI may be disclosed to the appropriate board to defend against charges brought before the Illinois Department of Professional Regulation.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and the information will not be released without the written authorization of you or your legally appointed representative or a court order.
- *Serious Threat to Health or Safety* – PHI may be disclosed if you communicate an immediate threat of serious physical harm to an identifiable victim or yourself.

### **IV. Patient's Rights and Practitioner'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, Radzom Counseling and the providers working with Radzom Counseling

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- 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 receive and request confidential communications of PHI by alternative means and at alternative locations.
- *Right to Inspect and Copy* – You have the right to inspect and/or obtain a copy of your records for as long as they are retained with limited exceptions. On your request, the process can be discussed with you.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. On your request, the process can be discussed with you.
- *Right to an Accounting* – You have the right to receive an accounting of disclosures of PHI that were made without your authorization (those in Section III of this notice). On your request, the process can be discussed with you.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of this notice from me upon request.

### Practitioner's Duties:

- Radzom Counseling and your provider are required by law to maintain the privacy of PHI and to provide you with a notice of his legal duties and privacy practices with respect to PHI.
- Radzom Counseling and your provider reserve the right to change the privacy policies and practices described in this notice. Unless you are notified, the practice will abide by the terms currently in effect.
- If policies and procedures are revised, the practice will provide or make the revisions available to you. If you are a current patient, a revision will be provided in person or by mail. If you are a former client not currently receiving services, you can request a copy directly at any time.

## **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, please discuss these with your provider. If you are dissatisfied with the outcome of that discussion, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services, at 200 Independence Avenue SW, Washington, D.C. 20201.

## **VI. Effective Date, Restrictions, and Changes to Privacy Policy**

Please note that this notice is a *minimum standard* dictated by state and federal laws. The same laws allow Radzom Counseling or the providers working with Radzom Counseling to further limit the uses or disclosures that are made without your consent.

This notice is effective as of January 1, 2009. Radzom Counseling reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained.