

Privacy Agreement

Jeanne Dickerson M.A., L.C.P.C., C.P.C.C. • Downers Grove, IL • (630) 986-8310
Licensed Clinical Professional Counselor and Certified Professional Co-active Coach

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read carefully and sign the second page of this form and bring both pages to your first session.

Privacy Policy

Counselors, like all providers of health care services, are required by law to inform their clients of their policies regarding privacy of client information. Counselors have been, and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. As a Licensed Clinical Professional Counselor, I am committed to maintaining the confidentiality of my clients. I will only release healthcare information about you in accordance with federal and state laws and the ethics of the counseling profession.

Uses and disclosures of your health information for the purposes of providing services.

Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information for these purposes.

Treatment I may need to use or disclose health information about you to provide, manage or coordinate your care or related services. This could include consultants and referral sources.

Payment Information needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. I may bill the person in your family who pays for your insurance or treatment.

Healthcare Operations I may need to use information about you to review my treatment procedures and business activity. Information may be used for certification, compliance, and licensing activities.

Other uses or disclosures of your information which does not require your consent.

1. *Physical or sexual abuse of children or elders.* I am obligated by Illinois State Law to contact the Department of Children and Family Services if I receive information from you or your child that indicates that child or elderly abuse is occurring.
2. *Intention to physically harm yourself or someone else.* I am obligated by law to either let the law enforcement authorities know or to proceed with psychiatric hospitalization for the protection of yourself or others.
3. *Information shared with law enforcement if a crime is committed.*
4. *Information required by law through a subpoena or court order.*
5. *Information to remind you or/or to schedule appointments.*

Client Rights

Right to request how I contact you. I typically will be contacting you at either your home or work number and will be leaving a voice mail message if I do not reach you. If at any time you have concerns around privacy let me know. I can either call you at another number that has a voice mail box specific to you or not leave a voice mail message if that is your preference. My voice mail is private and all information you leave on it is confidential between you and me.

Right to release your medical records. You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time.

Right to inspect and copy your medical and billing records. You have the right to inspect and obtain a copy of your information contained in your medical records. This may include billing, insurance, or health information. Under limited circumstance your request to inspect and copy may be denied. If you ask for a copy of any information, you may be charged a reasonable fee for the costs of copying, mailing, and supplies.

Right to add information or amend your medical record. If you feel that information contained in your medical record is incorrect or incomplete, you may ask to add information to amend the record. A decision will be made on your request in 60 days, or in some cases 90 days. Under certain circumstance, your request to add or amend information will be denied. If your request is denied, you have a right to file a statement that you disagree. Your statement and my response will be added to your record. To request an amendment, you will need to make a request in writing and provide an explanation concerning the reason for your request.

Right to request accounting of disclosures. You have the right to request an accounting of disclosures, if any, which is a list of certain disclosures such as child or elder abuse, disclosures related to suicidal or homicidal threats, disclosures to the U.S. Department of Health and Human Services to evaluate compliance.

Right to request restrictions on uses and disclosures of your health information. You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be in writing. However, I am not required to agree with your request.

Right to complain. If you believe your privacy rights have been violated, please contact me personally, and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing a complaint.

Right to receive changes in policy. You have the right to receive any future policy changes secondary to changes in state and federal laws.

Hippa Compliance: Notice of Privacy Practices and Client Rights

I/We have read and received a copy of the, Notice of Privacy Practices and Client Rights document.

Signatures(s) _____

Date _____

