



Notice of Privacy Practices for Behavioral Psychology Associates

This notice describes how behavioral healthcare information about patients may be used and disclosed and how appropriate parties can access this information.

We are required by applicable federal and state law to maintain the privacy of your behavioral healthcare information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your behavioral healthcare information. We must follow the privacy practices that are described in this notice while it is in effect. This notice took effect on 04/14/03. This updated and revised notice takes effect on 12/15/22, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all behavioral healthcare information that we maintain, including information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Organization Covered by this Notice

This notice applies to the privacy practices of the organization listed below, with the sites they maintain for delivery of behavioral health care products and services. As such, your behavioral healthcare information may be shared with



members of the organization as needed for treatment, payment, or behavioral health care operations relating to our organized health care arrangement.

BEHAVIORAL PSYCHOLOGY ASSOCIATES, P.C.

2500 W. HIGGINS ROAD, SUITE 1250

HOFFMAN ESTATES, IL 60169

***All behavioral healthcare professionals who treat you at any of our locations**

***All of our employees, staff, students, and volunteers**

***Business associates and their Contractors**

Privacy Policy and Forms

Protecting your privacy and ensuring confidentiality are essential elements of receiving behavioral healthcare. Our overall privacy practices are described in detail on this page. Please contact us if you have any questions regarding issues pertaining to privacy and/or confidentiality. Clients may authorize us to disclose their protected health information by completing and signing an appropriate authorization form. We provide these forms in our office; you can also download these forms from this site.



Uses and Disclosures of Behavioral Healthcare Information

We use and disclose behavioral healthcare information about you for treatment, payment, and health care operations. For example:

Treatment: We may use your behavioral healthcare information to treat you or disclose your information to a physician, other health care provider, or other individuals associated with your case.

Payment: We may use and disclose your behavioral healthcare information to obtain payment for services we provide to you.

Health Care Operations: We may use and disclose your behavioral healthcare information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or evaluating practitioner and provider performance.

To You and on Your Authorization: You may give us written authorization to use your behavioral healthcare information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. **Unless you give us a written authorization, we cannot use or disclose your protected healthcare information or the protected healthcare information of your minor child for any reason except those described in this notice.**

To Your Family and Friends: We must disclose your behavioral healthcare information to you, as described in the Individual Rights section of this notice. We may disclose your behavioral healthcare information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.

Appointment Reminders: We may use your behavioral healthcare information to contact you to provide appointment reminders.



Persons Involved In Care: We may use or disclose healthcare information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition, or death. If you are present, then prior to use or disclosure of your behavioral healthcare information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions or other forms of behavioral healthcare information related to your case.

Marketing Health Related Services: We may use your behavioral healthcare information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your behavioral healthcare information to a business associate to assist us in these activities. We prohibit the sale of PHI without individual authorization.

Required by Law: We may use or disclose your behavioral healthcare information when we are required to do so by law. For example, we must disclose your behavioral healthcare information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your behavioral healthcare information when authorized by workers' compensation or similar laws. We may disclose your behavioral healthcare information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

Law Enforcement: We may disclose your behavioral healthcare information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your behavioral healthcare information to law enforcement officials. We may disclose limited information to a law enforcement official concerning the behavioral healthcare information of a suspect, fugitive, material witness, crime victim or



missing person. We may disclose the behavioral healthcare information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

Abuse or Neglect: We may disclose your behavioral healthcare information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your behavioral healthcare information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose behavioral healthcare information when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Authorizations: We must obtain your written authorization before we may use or disclose your psychotherapy notes (often referred to as process notes), except for: Use by the originator of the notes for treatment or use or disclosure by BPA to defend itself in a legal action or other proceeding brought by the individual.

We must obtain your written authorization before we may use or disclose your protected health information for marketing purposes, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you. Authorization is required for all marketing activities for behavioral health facilities.

Breach Notification: The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 requires us to give notice to you if we discover that unsecured PHI has been breached as defined as the acquisition, access, use, or disclosure of PHI in violation of the HIPPA Privacy Rule. Examples of a breach include PHI that is stolen, improperly accessed, inadvertently sent to the wrong place, or not encrypted to government standards.

Individual Rights

Access: You have the right to look at or get copies of your behavioral healthcare information, with limited exceptions. You may request that we provide copies in a format other than photocopies. You have a right to receive electronic copies of your health information at your request. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain



access to your behavioral healthcare information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your behavioral healthcare information for purposes, other than treatment, payment, health care operations or pursuant to an authorization and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your behavioral healthcare information, a description of the behavioral healthcare information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

You have the right to restrict certain disclosures of Personal Health Information (PHI) to health plans/insurance companies if you pay out of pocket in full for the health care service.

Your Authorization is required for: Most uses and disclosures of psychotherapy notes (process notes); uses and disclosures of PHI for marketing purposes; and disclosures that constitute a sale of PHI. Other uses and disclosures not described in this notice will be made only with authorization from you.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your behavioral healthcare information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you about your behavioral healthcare information by alternative means or to alternative locations. You must make your request in writing, and you must state



that the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment. You have the right to request that we amend your behavioral healthcare information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office:



BEHAVIORAL PSYCHOLOGY ASSOCIATES, P.C.

Address: 2500 W. HIGGINS ROAD, SUITE 1250, HOFFMAN ESTATES, IL 60169

Telephone: (847) 303-1880

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