

Mark Milazzo LCPC Ltd

Illinois Notice Form

Notice of My Policies and Practices To Protect the Privacy of Your Health Information

**This notice describes how psychological and medical information about you may be used and disclosed and how you can access this information. Please review this document and feel free to contact me at 847-373-1577 with any concerns.*

1) Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI) for treatment, payment, and healthcare operations with your written authorization. To help clarify those terms, here are some definitions:

- **“PHI”** refers to information in your health record that can identify you.
- **“Treatment”** is when I provide, coordinate, or manage your health care and other related services, such as consulting with another health care professional.
- **“Payment”** is when I obtain reimbursement for your health care. Examples are when I disclose your PHI to your insurance company to obtain reimbursement or determine eligibility and coverage.
- **“Health Care Operations”** are activities related to the performance and operation of my practice, such as quality assessment and improvement activities, business-related audits, administrative services, and case management.
- **“Use”** applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **“Disclosure”** applies to activities outside of my office, 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 require a written form.

2) Other Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your authorization is obtained prior to the release of information. Uses and disclosures not described in this notice will be made only with authorization from the individual.

In most cases, I will not keep psychotherapy notes, but in the event that I do, I will also need to obtain your authorization before releasing these. Psychotherapy notes are notes made about our conversation during a private, joint, or family counseling session, which are kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

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

3) Uses and Disclosures Without Authorization

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

- **Child Abuse:** If I have reasonable cause to believe a child may be being abused or neglected, I must report this belief to the appropriate authorities.
- **Adult and Domestic Abuse:** If I have reason to believe that an individual (who is protected by State law) has been abused, neglected, or financially exploited, I must report this belief to the appropriate authorities.
- **Health Oversight Activities:** I may disclose PHI 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 I will not release such information without a court order. I 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 a specific threat of imminent harm against another individual, or if I believe there is clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.
- **Worker's Compensation:** I may disclose PHI 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.

4) Patient Rights and Clinician Duties

Patient Rights:

- **Right to Request Restrictions:** You have the right to request restriction on certain uses and disclosures of PHI. However, I am not required to agree to a restriction you request. Patients have the right to restrict certain disclosures of PHI to health plans/insurance companies if the patient pays out of pocket in full for the healthcare service.
- **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 me. Per your request, I will send your bills to another address.
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about you for as long as the PHI is maintained in our records, and to inspect and copy your Psychotherapy Notes. On your request, I will discuss with you the details of the process for requesting access.

- **Right to Amend:** You have the right to request an amendment of your PHI for as long as the PHI is maintained in your record. I may deny your request. Requests for amendment must be made in writing and you must provide a reason for the requested amendment. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this Notice from us upon request, even if you have agreed to receive the Notice electronically.

Mark Milazzo LCPC, Ltd's Duties

- I am required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify you by providing you a revised notice.
- In the event of a breach of unsecured protected health information, affected patients have the right to be notified.

5) Complaints

- If you are concerned that your privacy rights have been violated, or you disagree with a decision made about access to your records, you may contact me at 847-373-1577.
- You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

6) Effective Date, Restrictions, and Changes to Privacy Policy

- This notice will go into effect on March 1st, 2022.
- I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by providing you with a copy of the changes.

Signature of this document attests to your understanding of the above material:

Signature

Date