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## Notice of Privacy Practices

This document describes how mental health information about you may be used and disclosed and how you can get access to this information. Please read this information carefully.

This notice takes effect March 1, 2003 and remains in effect until replaced.

### 1. Regarding Mental Health Information

The privacy of your mental health information is important. Your mental health information is personal and we are committed to protecting it. A minimal record of the care and services you receive is created in order to provide you with quality of care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share mental health information, your rights and certain duties regarding the use and disclosure of mental health information.

### 2. Therapist's Legal Duty

The Law requires Clinicians to keep mental health records private and secure, to give you this notice, to follow the terms of this notice.

We also have the right to change these privacy practices and the terms of this notice at any time, provided that the changes are permitted by law. Clinicians also may make the changes in privacy practices and the new terms of any notice effective for all mental health records that are kept, including information previously created or received before the changes.

Before an important change in privacy practices, we will change this notice and make the new notice available.

### 3. Use and Disclosure of Your Mental Health Information

The following section describes different ways that we use and disclose mental health information. For each kind of use or disclosure, an explanation and example is included but not every use or disclosure will be listed here. We will not use or disclose your mental health information for any purpose not listed below without your specific authorization or coverage by applicable laws. Any specific written authorization you provide may be revoked at any time in

writing. Patients ages 12 – 18 years of age also are protected from disclosure by Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent provided by law.

## For Treatment

Your information is mainly used to provide you with psychotherapy or services. We may disclose mental health information about you to your primary care physician if it is required by your insurance or managed care company. Also, your clinician may disclose mental health information about you to a referring psychiatrist with your written consent if you may require psycho topic evaluation or medication. We will discuss these instances with you in advance and ask for a release of information. Finally, from time to time, it is helpful to consult with other professionals regarding your case. In such events, consultants are also legally bound by the privacy practice policies and your confidentiality is assured.

## For Payment

Our mental health records may be disclosed for payment purposes. Your clinician may need to give your health insurance plan information about treatment for your plan to pay for treatment. Your consent at the time of registration is requested for this to occur.

## Additional Uses and Disclosures

### Emergency Situations

In an extreme emergency, we may notify or help notify a family member, a personal representative, or another person responsible for your care about your location, general condition or death. If you are present and able, we will get your permission beforehand or give you the opportunity to refuse permission. In case of an emergency and if you are not able to give or refuse permission, I will share only the health information that is directly necessary for your health care, according to professional judgement.

### Specialize Government Functions

Subject to certain statutory requirements, clinicians may disclose or use your mental health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and to others, for suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations and for governmental programs providing public benefits.

### Court Orders and Judicial and Administrative Proceedings

Disclosure of your mental health records in response to a court or administrative order, subpoena, discovery request, or other lawful process, is possible under certain circumstances.

Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may share your mental health records with law enforcement officials. Clinicians may share limited information with a law enforcement official concerning the mental health records of a suspect, fugitive, material witness, crime victim or missing person(s). I will always be aware of upholding your right to privacy and will consult with legal sources before a disclosure.

## Public Health Activities

As required by law, disclosure of your mental health records to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect is possible. We may also, when I am authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

## Victims of Abuse, Neglect, or Domestic Violence

Clinicians may disclose your records to appropriate authorities if they reasonable believe that you are a possible victim of abuse, neglect, of domestic violence or the possible victim of other crimes. Clinicians may share your mental health records if it is necessary to prevent a serious threat to your health or safety o health or safety of others.

## Worker's Compensation

Disclosure of your mental health records when authorized and necessary to comply with laws relating to worker's compensation or other similar programs is allowed. We will attempt to obtain appropriate releases first.

## Health Oversight Activities

Your clinician may disclose your mental health records to an agency providing health oversight activities authorized by law, including auditions, civil, administration or criminal investigation proceeding, inspections, licensure, or disciplinary actions, or other authorized activities.

## 4. Your Individual Rights

You have a right to look at or get copies of your mental health records. You must make your request in writing. You may request access by sending a letter to the contact listed at the end of this notice.

If you request copies, there will be a \$2.00 per page fee, as well as additional postal charge for mailing.

You may receive a list of all the times we shared your records for purposes other than treatment, payment and health care operation and other specified exceptions.

You may request that we place additional restrictions on use or disclosure of your records. Your clinician is not required to agree these additional restrictions, but if we do, we will abide by the agreement (except in the case of an emergency). You may request that we communicate with you about your mental health information by different means or to different locations. Your request again in writing to the contact person.

You may request that we change your mental health record information. We may deny your request if we did not create the information you want changed or for certain other reasons. These reasons will be discussed with you. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to your record. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of the information in good faith.

If you wish to receive a paper copy of this notice, you can request it in writing to the contact below. If you have any questions about this notice, please contact your clinician or the staff at:

Family Resilience Group, LLC  
Attn: Office Manager or Director  
3285 N. Arlington Heights Road  
Suite 201  
Arlington Heights, IL 60004  
(847) 398-0499

If you think that your privacy rights have been violated, contact the person named above or submit a written complaint to the US Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.