

## Spring Tree Counseling

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### Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

❖ Our commitment to your privacy:

Spring Tree Counseling is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain at Spring Tree concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time. We reserve the right to change the terms of our Notices at any time. Any new Notices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment. This notice of Privacy Practices describes how we may disclose your Personal Health Information in accordance with the law and the National Board for Certified Counselors (NBCC) Code of Ethics.

❖ The following are explained within this document:

- How we may use and disclose your protected health information
- Your rights regarding your protected health information

❖ We may use and disclose your Protected Health Information in the following ways:

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose your PHI to any other consultant only with your authorization.

**For Payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. Examples could include: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

**For Health care operations.** We may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, Spring Tree may use your PHI to evaluate the quality of care you received from us. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

**Required by law.** We are required to make disclosures of your PHI to you upon your request, and in certain instances required by law as indicated in the Client Services Agreement. In addition, we must

make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule under HIPPA.

❖ Your rights regarding your Protected Health Information:

🗑️ **Right to Inspect and Copy.** You have the right to look at or get copies of your health information, with limited exceptions.

🗑️ **Right to Amend.** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended.

🗑️ **Right to an Accounting of Disclosures.** You have the right to receive a list of instances in which we have disclosed your health information for a purpose other than treatment, payment, or health care operations. To request an accounting of disclosures, please contact your personal therapist.

🗑️ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you could ask that we not share information with an insurance company, in which case you would be responsible to pay in full for the services provided.

🗑️ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you only by mail or at work. You must make this request to your personal therapist, specifying the alternative means or location that you would like us to use to provide you information about your health care. We will make every attempt to accommodate reasonable requests.

🗑️ **Right to Obtain a Paper Copy of the Notice.** You are entitled to receive a paper copy of this notice and any amended notice upon request. Copies will be available from your personal therapist. You may also obtain a copy of this notice at our web site [www.springtreecounseling.com](http://www.springtreecounseling.com).

🗑️ **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health & Human Services. To obtain additional information, or to file a complaint with us, contact your personal therapist. We will not retaliate in any way if you choose to file a complaint.

❖ Any other uses and disclosures not set out in the information above will be made *only* with your written authorization. You may revoke a written authorization for release of information at any time.

*If you have any questions regarding this notice or our health information privacy policies, please contact your personal therapist.*