



Privacy Policy & HIPAA Notice

This is a Notice of Thriving Lives Counseling, LLC policies and practices regarding protecting and disclosing personal healthcare, psychological and medical information. Please, read this document carefully and ask your practitioner any questions you may have.

This Document describes how your Personal Healthcare Information (referred to as PHI) may be used or disclosed, and how you may obtain access to it. Your practitioner can answer any specific questions you may have about how these policies and procedures apply to you or your family's private information.

COMMUNICATIONS and RELEASES:

It is our office policy to protect your privacy as our clients. In general, all communications between a client and therapist are protected by law. A client's information can only be released as the result of a written request or signed Consent to Release Information form. When a client is a minor, a parent or legal guardian must permit release of information. However, if the child is the age of 12 or older, he or she also must provide consent to release information. (For reasons a practitioner may release information without consent, please see sections later in this document).

Communications via Phone:

Phone is the preferred method of communication for scheduling appointments and cancellations. Voicemails left for your therapist on her/his extension are considered confidential and are protected as client communications.

Communications via Email, Fax, or Other Means:

We recognize that email is a preferred method of communication for many of our clients, clients' parents, and other providers with whom we coordinate care. It is our duty to inform our clients that email, fax, and other means of communication are not as secure as face-to-face or phone communications. Although our office maintains measures that ensure security within our office, communicating via emails or texts outside of the organization does not ensure encryption, or ensure that other persons privileged to those devices will not read information sent to those sources.

Practitioners at Thriving Lives Counseling, LLC will communicate via email, fax or other means provided on our client registration form. By signing that form you are giving permission for your practitioner to utilize the information provided.



For communication with collaborating practitioners and other professionals, information provided on the Consent to Release Information form will be used as permission to collaborate with those individuals via the communication tools indicated. This form should be completed with the same understanding of risks involved with using additional tools of communication (other than phone or face-to-face methods).

TREATMENT, PAYMENT and HEALTH CARE OPTIONS:

TREATMENT:

Your personal information is used to facilitate your treatment, and to coordinate care with other healthcare professionals or related entities (such as hospitals, primary care doctors or other mental health professionals). This includes instances where your therapist may consult with another licensed professional (usually on our clinical staff) for purposes of planning and implementing your treatment. Treatment provided at Thriving Lives Counseling, LLC includes, but may not be limited to, therapy, testing and assessment Services. Please, visit our website for research and definitions regarding these services.

Telephone Services:

In addition to services performed in the office or on location, with a client's written consent, our practitioners can provide services via phone, when appropriate. For services beyond 10 minutes in length via phone, we reserve the right to charge for our time spent on communications. These services are unable to be billed or covered by insurance. The client or responsible party listed on the account is responsible for the full fee for this service. Client information may be discussed over the phone at these times. Any concerns should be addressed in the Communications section of this form. Additional questions can be routed to your practitioner at any time.

Release of Information to Insurance Companies:

If you provide your insurance information to Thriving Lives Counseling, LLC for the purpose of covering services, understand that select information can and may be released to the company provided. This includes information that may identify you, and information regarding your treatment, such as your diagnosis. Information may also be released to your insurance company for use of obtaining pre-authorization for services.



Additionally, if your insurance is held by someone other than yourself, documents from the insurance company (such as your Explanation of Benefits or EOB, or requests for information) may be sent to the insurance holder's residence. If you are concerned about this, please speak to your practitioner regarding self-pay services.

PAYMENT:

Your private information is used to obtain payment for the services provided to you. In addition to your personal information being released to your insurance company for use of payment, your information may also be released to the Responsible Party listed on account.

Payment Responsibility Policy:

Payments for services, which are the responsibility of the client or client's guardian, are due at the time services are rendered if the account is self-pay, or the insurance benefits reflect a co-payment. If the client's insurance benefits reflect a deductible or co-insurance, payment is due within the billing cycle after the Explanation of Benefits (EOB) is received by the office. To maintain a reasonable client balance, we reserve the right to request any payment (co pay, deductible, co-insurance, or other) at time of service.

Your Information for Use of Collections:

We send client statements to the address provided on the Registration Form on a monthly basis. Balances that are more than 60 days past due may be submitted to a collections agency outside of Thriving Lives Counseling, LLC. You will be notified in writing by mail prior to having your balance submitted for collections. We do not submit accounts to collections when a payment arrangement is in place.

HEALTHCARE OPERATIONS:

Your information is used for purposes of Healthcare Operations such as scheduling appointments, processing services, and submitting claims. It can also be used to coordinate care with other facilities when a Consent to Release Information is provided. Non-Clinical Personnel In the use of these Healthcare Operations, administrative staff will have access to information provided and needed to process insurance claims, submit authorization requests, process payments, or documents that assist in coordination of care, upon request of a clinician or client. We have a policy that only licensed clinical staff may access the section of your records pertaining to your treatment (such as your evaluation report and "progress notes").



RIGHTS AS A CLIENT:

The next two pages are an explanation of Client Rights, as well as circumstances in which your information may be released without your consent. Please, read this carefully and discuss any questions you may have with your practitioner.

Uses and Disclosure of Information without Consent:

CHILD ABUSE: If we have reasonable cause to believe a child known to us in our professional capacity may be an abused child or a neglected child, we must report this belief to the appropriate authorities.

ADULT AND DOMESTIC ABUSE: If we have reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, we must report this belief to the appropriate authorities.

HEALTH OVERSIGHT ACTIVITIES: We may disclose protected health information 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 we must not release such information without a court order. We can release the information directly to you upon 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 to our staff a specific threat of imminent harm against another individual or if we believe that there is clear, imminent risk of physical or mental injury being inflicted against another individual, we may make disclosures that we believe are necessary to protect that individual from harm. If we believe that you present an imminent, serious risk of physical or mental injury or death to yourself, we may make disclosures we consider necessary to protect you from harm.

WORKER'S COMPENSATION: We may disclose protected health information 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. **THE USE AND DISCLOSURE WITHOUT YOUR CONSENT OR AUTHORIZATION IS ALLOWED** under Section 163.512 of the Privacy Rule and the state's Confidentiality Law.



Revocations, amendments and restrictions to authorization for disclosing your information must be submitted in writing, so that it can be documented in your record. If we have already disclosed or relied on that authorization, we may not be able to comply with the requested change.

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of Protected Health Information (PHI). However, we are not required to agree to a restriction you request.

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 a therapist. On your written request, we 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 our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record and Psychotherapy Notes. On your request, we will discuss with you the details of how to request this access.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. Upon your request, we 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, we 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 the notice from us upon request, even if you have previously agreed to receive an electronic notice.

Right to Restrict Disclosures When You Have Paid Out-of-Pocket: You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for services.

Right To Be Notified if There is a Breach of Your Unsecured PHI: You have the right to be notified if (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) a risk assessment fails to determine that there is a low probability that your PHI has been compromised. Please see the HIPAA Privacy Rule and Addendums for more information.

Right to Opt out of Fundraising Communications: You have the right to decide that you would not like to be included in fundraising communications if/when our office conducts such communications.



CLINICIAN’S (PRACTITIONER’S) DUTIES:

We are 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. We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. If we revise our policies and procedures, your therapist will provide you with a revised notice at your next scheduled meeting.

QUESTIONS AND COMPLAINTS:

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, please contact the owner/manager.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to the Owner/Manager, Thriving Lives Counseling, LLC, 1500 Ravinia Place, Suite 1C, Orland Park, IL 60462.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. More information is available at www.HHS.gov.

You have specific rights under the Privacy Rule. Thriving Lives Counseling, LLC will not retaliate against you for exercising your right to file a complaint.
Effective Date, Restrictions, and Changes to Privacy Policy: This notice was revised and is effective beginning May 3rd, 2016.

By signing below, I attest that I have read and agree to the terms described in this notice. I also understand that I can obtain a copy of this document upon request of my Practitioner at Thriving Lives Counseling, LLC, any member of the front office staff, or by downloading it from the company website.

Name (print) _____ Relationship to Client: _____

Signature: _____ Date: _____

Signature of Client, 12 years of age or older:
_____ Date: _____