Brett Fry, PsyD, PC
405 N. Wabash, Suite #1815
Chicago, Illinois 60611

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORATION. PLEASE REVIEW IT CAREFULLY.

I respect client confidentiality and only release medical information about you in accordance with the Illinois and federal laws. This notice describes my policies related to the use of the records of your care generated by my practice. If you have any questions about this policy or your rights contact me at (773)573-3612.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Information Disclosed With Your Consent. In order to effectively provide you care, there are times when I will need to share your medical information with others beyond my practice. In such cases I will obtain an authorization from you before releasing this information. These include:

Treatment: I may use or disclose medical information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside my practice that I am consulting with or referring you to.

Payment: Information may be used to obtain payment for the treatment and services provided. This may include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

Healthcare Operations: I may use information about you to coordinate my business activities. This may include setting up your appointments, reviewing your care, and business-related matters such as audits and administrative duties.

I will also obtain an authorization from you before using or disclosing:
- PHI in a way that is not described in this Notice.
- Psychotherapy notes
- PHI for marketing purposes
- PHI in a way that is considered a sale of PHI

Information Disclosed Without Your Consent. Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies: Sufficient information may be shared to address the immediate emergency you are facing.

Follow Up Appointments/Care: I may contact you regarding scheduling of appointments or to provide information that be of interest to you.

As Required by Law: This would include situations where I have a subpoena, court order, or am mandated to provide public health information, such as suspected child abuse or neglect, elder abuse, or institutional abuse.

Governmental Requirements: I may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. I am also required to share information, if requested, with the Department of Health and Human Services to determine my compliance with federal laws related to health care.

Criminal Activity or Danger: If a crime is committed on the premises or against personnel, I may share information with law enforcement to apprehend the criminal. I also have the right to disclose information to appropriate sources when I believe an immediate danger may occur to someone.

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Information about you may be disclosed without your consent when the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

CLIENT RIGHTS

You have the following rights under Illinois and federal law:

Copy of Record: You are entitled to inspect the medical record my practice has generated about you. I may charge you a reasonable fee for copying and mailing your record.

Release of Records: You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Restriction of Records: You may ask me not to use or disclose part of the medical information. This request must be in writing. I am not required to agree to your request if I believe it is in your best interest to permit use and disclosure of the information.

Contacting You: You may request that I send information to another address or by alternative means. I will honor such request as long as it is reasonable and I am assured it is correct. I have a right to verify that the payment information you are providing is correct.

Amending Record: If you believe that something in your record is incorrect or incomplete, you may request that I amend it. To do this, ask me for the *Request to Amend Health Information* form. In certain cases, I may deny your request. If I deny your request for an amendment you have a right to file a statement that you disagree with me. I will then file my response, and your statement and my response will be added to your record.

Accounting for Disclosures: You may request an accounting of any disclosures I have made related to your medical information, except for information I used for treatment, payment, or health care operations purposes or that I shared with you or your family, or information that you gave me specific consent to release. It also excludes information I was required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to me. I will notify you of the cost involved in preparing this.

Questions and Complaints: If you have any questions, concerns or complaints, you may discuss them with me. I will provide a copy of this Policy upon request. You also may complain to the Illinois Department of Human Services if you believe I have violated your Privacy rights. I will not retaliate against you for filing a complaint.

Changes in Policy: I reserve the right to change this Privacy Policy based on the needs of the practice and changes in state and federal laws.

Right to Restrict Disclosures When You Have Paid for Your Care 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 my services.

Right to Be Notified if There is a Breach of Your Unsecured PHI: You have a 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) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Right to Opt out of Fundraising Communications: You have a right to decide that you would not like to be included in fundraising communications that I may send out.