

**Get Back To Being You, P.C.**  
**Christy Lindquist, LCPC**  
Licensed Clinical Professional Counselor  
4753 N. Broadway Street, Suite 608, Chicago, IL 60640  
3020 N. Lincoln Avenue, Chicago, IL 60657  
773-386-4414  
info@getbacktobeingyou.com

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA). PLEASE REVIEW IT CAREFULLY.

I am committed to protecting your confidentiality. You may request a copy of this notice at any time. For additional information about my privacy practices, please contact me at 773-386-4414.

**I. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION:** In order to protect your PHI, I use and disclose the minimum necessary PHI about you for your treatment and for payment for services:

- **For Treatment.** I use and disclose your PHI internally in the course of your treatment only to the minimum necessary to provide due care through my professional services. For example, I may share information with another professional for the purpose of referral. If I need to provide PHI, I will ask you to sign an authorization for release of information.
- **For Payment.** I may use and disclose the minimum PHI to obtain payment for services I provide to you as delineated in my Office Policies and Procedures. For example, I may need to give insurance companies or other agencies the minimum necessary PHI in order for them to reimburse you for your payment of services.

**II. PROTECTED HEALTH INFORMATION DISCLOSED WITHOUT YOUR CONSENT:** Under Illinois and Federal law, your PHI may be disclosed without your consent in the following circumstances:

- **Emergencies.** If, in the course of my provision of due care, I believe that you are an immediate danger to yourself or to another, I may disclose PHI about you to the authorities, and I may alert any other person who may be in danger.
- **Judicial and Administrative Procedures.** I may disclose your PHI in the course of a judicial proceeding in response to a valid court order or other lawful process; and in response to administrative proceedings such as claims for Workers' Compensation.

- Child/Elder Abuse. If, in the process of providing due care, I have not been successful in resolving with you situations that are reportable by law, I may disclose PHI about you related to the discernment of child and/or elder abuse or neglect.

### III. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

1. Right to Inspect and Copy. You have the right to observe and/or obtain copies of your PHI, with some limited exceptions. Your request must be in writing. If you request a copy of your PHI, a reasonable charge may be made for the costs incurred.
2. Right to Amend. You have the right to request that I amend your PHI. Your request must be in writing, and it must explain why the information should be amended. I have the right to deny your request under certain circumstances.
3. Right to an Accounting of Disclosures. You have the right to receive a list of disclosures of your PHI for any purpose other than treatment, payment, or healthcare oversight activities. To request an accounting of disclosures, you must submit your request in writing to me. Such accounting is available for disclosures made beginning April 14, 2003, and remains available for 6 years after the last date of service.
4. Right to Request Restrictions. You have the right to request a restriction or limitation on your PHI that I use or disclose about you. For example, you may ask that I not disclose PHI to an insurance company. While you are in treatment, a written request should be made with me. To request a restriction after therapy is completed, you must also make a written request. I am not required to agree to your request, but I will consider the request very seriously. If I agree, I will abide by my agreement unless the PHI is needed in an emergency or by law, as previously stated above in this notice.
5. Right to Request Confidential Communications. You have the right to request that I communicate with you regarding your PHI in a particular way or at a certain location. For example, you may ask that I contact you only by mail or at work. You must make this request in writing and it must specify the alternative means or location you would like me to use. I will make every attempt to accommodate reasonable requests.
6. Right to Obtain a Paper Copy of this Notice. You have the right to receive a paper copy of this notice upon request.

Any other uses and disclosures of your PHI 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. The revocation must be in writing and will become effective when it has been received by me, and will only be for disclosures not already completed.

I reserve the right to change my privacy practices provided such changes are permitted by applicable law. Before the effective date of a material change, however, I will change this Notice

and make a new Notice available. The terms of this Notice have been effective as of April 14, 2003.

QUESTIONS AND COMPLAINTS. If you believe that your privacy rights have been violated, you may file a complaint with me, or you may file a complaint with the U.S. Department of Health and Human Services. To obtain additional information, or to file a complaint, contact me at 773-386-4414. I am required not to retaliate in any way if you choose to file a complaint.

Your signature below indicates that you have read the information in this document  
Signature:

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Name (printed):

\_\_\_\_\_

Date:

\_\_\_\_\_

Parent or Guardian (under 18)

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Name (printed):

\_\_\_\_\_

Date:

\_\_\_\_\_

Parent or Guardian (under 18)

\_\_\_\_\_

Name (printed):

\_\_\_\_\_

Date:

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