

Hopeful Therapy's Notice of Privacy Practices

The therapeutic relationship is one based upon trust. It is important to us that you feel safe with us and an important part of that safety is knowing that we hold your personal information in the strictest of confidence. This notice describes how medical information about you may be used and disclosed. Please read and review it carefully.

We are required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA) to provide confidentiality for all medical/mental health records and other individually identifiable health information in our possession. This Notice is to inform you of the uses and disclosures of confidential information that may be made by Hopeful Therapy, and of your individual rights and Hopeful Therapy's legal duties with respect to confidential information.

Ways in which we may use and disclose your protected Health information:

Hopeful Therapy may use and disclose at its' discretion your medical records for each of the following purposes only: treatment, payment and health care operations.

- **Treatment** means providing, coordinating or managing mental health care and related services.
- **Payment** means activities such as obtaining payment for the mental health care services we provide for you from your insurance or another third-party payer.
- **Health care operations** include the business aspects of running a practice.

We may contact you to provide appointment reminders or other services that may be of interest to you. We will disclose your protected health information to any person you identify that is involved in payment for your care.

We will use and disclose your protected health information when required by federal, state or local law. There are certain situations in which as therapists we are required by ethical standards to reveal information obtained during therapy to persons or agencies even if you do not give permission. These situations are as follows: (a) If you threaten grave bodily harm or death to yourself or another person, we are required by ethical standards to inform the intended victim and/or appropriate law enforcement agencies; (b) if you report knowledge of physical or sexual abuse of a minor child or of an elder (over 65) or any sexual conduct/contact with a minor, we are required by law to inform the appropriate child welfare or social agency which may then investigate the matter; (c) if we are required by a court of law (court order) to turn over records to the court or if we are ordered to testify regarding those records.

Any other uses and disclosures will be made only with your written authorization. You will be provided with an authorization form upon request. A separate form will be needed for each request for release of information. The authorization for release of records is valid until it expires or is revoked by you. You may revoke authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your earlier authorization.

You have the right to see and get copies of your records. You also have the right to file a formal complaint with the Secretary of the U.S. Department of Health and Human Services if you believe that these regulations were violated.

Your privacy is important to us and we commit to doing everything ethically and legally possible to protect it. We look forward to working together with you toward this end.

Hopeful Therapy

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