

HPS HIPAA Policy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

At Hanna Psychological Services, (HPS) I strive to protect the confidentiality of your personal health information (PHI). The federal legislation requires that I issue you the Notice of Privacy Practices (NPP), abide by the terms and inform you of how medical information about you may be used and disclosed and how you can get access to this information.

Who Will Follow This Notice

Any health care professional authorized to enter information into your medical record, all employees and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this practice may share health information with each other for treatment, payment purposes or health care operations described in this notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

How HPS May Use and Disclose Your Health Information

The following categories describe different ways that we may use and disclose PHI without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not all possible uses or disclosures are listed.

For Treatment. I may use your PHI to provide you with treatment or services. I may disclose your health information to doctors, nurses, technicians, office staff or other personnel involved in taking care of you and your health. For example, I may disclose information about you to individuals who do not work in my office in order to coordinate your care, such as submitting billing information. Family members and other health care providers may be part of your health care outside of this office and may require your PHI.

For Payment. I may use and disclose your PHI so that the treatment and services you received may be billed and payment may be collected from you, an insurance company or a third party. For example, I may need to send your PHI, such as your name, address, office visit dates, diagnosis and a treatment description to your insurance company.

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For Health Care Operations. I may use and disclose your PHI for health care operations to assure that you receive quality care. For example, I may use your health information to review your treatment and services and to evaluate the quality services to patients.

Appointment reminders. I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, these arrangements can be made via your request.

Treatment alternatives. I may use and disclose your PHI to inform you about or to recommend possible treatment options or alternatives that may be of interest to you. Please notify me if you do not wish to receive this information.

Other Uses or Disclosure That Can Be Made Without Your Consent or Authorization

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| * As required during an investigation by law enforcement agencies | * As required by the US Food and Drug Administration (FDA) |
| * To avert a serious threat to public health or safety | * Healthcare providers' treatment activities |
| * As required by military authorities for their medical records | * Covered entities' and provider's healthcare operational activities |
| * To avert public health risk, such as diseases | * Uses and disclosures in domestic violence or neglect situations |
| * In response to a legal proceeding or when required by law | * Health oversight activities |
| * To a coroner or medical examiner for identification of a body | * Family and friends when in your best interest to do so |
| * An inmate, to the correctional institution or law enforcement | * To workers' compensation/similar programs for processing claim |

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization

Other uses and disclosures or medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose your PHI, you may revoke that authorization in writing, at any time. If you revoke your authorization, I will thereafter no longer use or disclose your PHI for the reasons covered by your written authorization. I am unable to take back any disclosures I have already made with your authorization, and I am required to retain my records of the services I have provided.

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YOUR RIGHTS REGARDING DISCLOSURES AND CHANGES TO YOUR HEALTH INFORMATION

Right to Inspect and Copy. You have the right to inspect and copy some of your PHI, such as billing records, that I used to make decisions about your treatment. You are required to submit your request in writing to the Privacy Officer to inspect and/or copy your PHI. If you request a copy of the information, I reserve the right to charge a fee for the costs of copying, mailing or for any additional costs associated with your request. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. I will comply with the outcome of the review.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment or health care operations. You also have the right to request a limit on the disclosure of your PHI to someone who is involved in your care or the payment of your care, such as a family member or friend. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you are required to submit your request in writing to the Privacy Officer, which includes the information you want to limit.

Right to Request Confidential Communications. You have the right to request that I communicate with you about behavioral or medical health in a certain way or at a certain location. To request confidential communications, you may complete and submit the Request For Restriction On Use/Disclosure Of Behavioral Health or Medical Information and/or Confidential Communication form to my Privacy Officer. It is required that you specify how or where you wish to be contacted. I will not ask you the reason for your request, and I will accommodate all reasonable requests.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures," which is a list of the disclosures I made of your PHI for purposes other than treatment, payment and health care operations. To obtain this list, you are required to submit your request in writing to my Privacy Officer. Your request is required to include a time period that may not be longer than six years and may not include dates before July 1, 2012. Your request should indicate in what form you want your list, such as paper or electronically. I may charge you for the costs of providing you this information. If so, I will notify you of the costs involved and you may choose to withdraw or modify your request prior to any costs being accrued.

Right to Amend. If you believe your PHI is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, complete and submit a Medical Record Amendment/Correction Form to my Privacy Officer. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if the information was not created by us, is not part of the health information kept at this practice, is not part of the information which you would be permitted to inspect and copy, or which I deem to be accurate and complete. If

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I deny your request for amendment, you have the right to file a statement of disagreement with us. I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

Right to a Paper Copy of this Notice. You have the right to a paper copy of my current Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current Notice please request one in writing from the Privacy Officer at this practice.

Changes To This Notice. I reserve the right to change this notice and to make the revised or changed notice effective for health information I already have about you, as well as, any information I receive in the future. You or anyone else can obtain a copy at any time via request upon your office visit.

Complaints. If you believe your privacy rights have been violated, you may file a written complaint with me or with the Secretary of the Department of Health and Human Services. To file a complaint with this practice, you can write to Dr. Brian Hanna at 444 N. Northwest Highway, Suite 375, Park Ridge, IL 60068. If you need any further assistance, you can contact me at (224) 764-1879. You will not be penalized or discriminated against for filing a complaint.