

Olive Branch Counseling Associates, Inc.
6819 W. 167th St.
Tinley Park, IL 60477
(708) 633-8000

NOTICE OF PRIVACY PRACTICES

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

I) Uses and Disclosures for Treatment, Payment, and Health Care Options

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

- *“PHI”* refers to information in your health record that could identify you.
- *“Treatment, Payment, and Health Care Operations”*
 - *Treatment* is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be consulting with another health care provider.
 - *Payment* is when we obtain reimbursement for your healthcare. An example of payment is when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of Olive Branch Counseling Associates, Inc. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case-management and care coordination.
- *“Use”* applies only to activities within Olive Branch Counseling Associates, Inc., such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *“Disclosure”* applies to activities outside of Olive Branch Counseling Associates, Inc., such as releasing, transferring, or providing access to information about you to other parties, or mental health care provider within Olive Branch Counseling Associates, Inc.
- *“Authorization”* is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II) Other Uses and Disclosures Requiring Authorization

Olive Branch Counseling Associates, Inc. may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. Olive Branch Counseling Associates, Inc. will also need to obtain an authorization before releasing your Psychotherapy Notes.

“Psychotherapy Notes” are notes your therapist has made regarding conversations during a private group, joint or family counseling session, which are kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) Olive Branch Counseling Associates, Inc. has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III) Uses and Disclosures without Authorization

Olive Branch Counseling Associates, Inc. may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse- If your therapist has reasonable cause to believe a child known to him/her in his/hers professional capacity may be an abused child or a neglected child, your therapist must report this belief to the appropriate authorities.
- Adult and Domestic Abuse- If your therapist has reason to believe that an individual (who is protected by state law) has been abused, neglected, or financially exploited, your therapist must report this belief to the appropriate authorities.
- 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 Olive Branch Counseling Associates, Inc. must not release such information without a court order. Olive Branch Counseling Associates, Inc. can release the information directly to you on 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 your therapist a specific threat of imminent harm against another individual or if your therapist believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, Olive Branch Counseling Associates, Inc. may make disclosures that are necessary to protect that individual from harm. If your therapist believes that you present an imminent, serious risk of physical or mental injury or death to yourself, Olive Branch Counseling Associates, Inc. may make disclosures considered necessary to protect you from harm.
- Worker’s Compensation- Olive Branch Counseling Associates, Inc. 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.

IV) Patient’s Rights and the Mental Health Care Provider’s Duties

Patient’s Rights:

- Right to Request Restrictions- You have the right to request restrictions on certain uses and disclosure of protected health information. However, your therapist is 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 request, Olive Branch Counseling Associates, Inc. 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 your therapist's 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, your therapist may deny your request. On your request, your therapist will discuss with you the details or the request for access process.
- Right to Amend- You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your therapist may deny your request. On your request, your therapist will discuss with you the details of the amendment process.
- Right to an Accounting- You have the right to obtain a paper copy of the notice from your therapist upon request, even if you have agreed to receive the notice electronically.

Mental Health Care Provider's Duties:

- Olive Branch Counseling Associates, Inc. is required by law to maintain the privacy of your PHI and to provide you with a notice of your legal duties and privacy practices with respect to PHI.
- Olive Branch Counseling Associates, Inc. reserves 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 Olive Branch Counseling Associates, Inc. revises our policies and procedures, we will provide you with a written notice regarding any changes and make them available to you.

V) Questions and Complaints

If you have any questions about this notice, disagree with a decision made about access to your records or have other concerns about your privacy rights, you may contact Olive Branch Counseling Associates, Inc. at (708) 633-8000.

If you believe that privacy rights have been violated and wish to file a complaint with Olive Branch Counseling Associates, Inc., you may send your written complaint to:

Olive Branch Counseling Associates, Inc.
6819 W. 167th
Tinley Park, IL 60477

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Olive Branch Counseling Associates, Inc. can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. Olive Branch Counseling Associates, Inc. will not retaliate against you for exercising your right to file a complaint.

VI) Effective Date, Restrictions, and Changes to Privacy Policy

This notice has been in effect since January 1, 2004.

Olive Branch Counseling Associates, Inc. reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI we maintain. Olive Branch Counseling Associates, Inc. will make a revised notice available to you.