

Notice of Privacy Practices of Lighthouse Counseling Services LLC

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

PLEASE REVIEW CAREFULLY

1. Our Responsibilities

- We are required by law to maintain the privacy and security of your Protected Health Information (PHI).
- We are required to follow the duties and privacy practices described in this notice, and to give you a copy of it.
- We are required to train our staff so that they understand privacy and confidentiality.
- We are required to have a plan for disciplinary action in place if someone breaks the rules or fails to follow the privacy and confidentiality policies we have in place.
- We are required to let you know promptly if a break occurs that may have compromised the privacy or security of your information.
- We are required to do what we can to decrease any harm to you if a breach occurs.

We will not use or share your information unless you tell us we can in writing, unless we are required to do so by law. If you change your mind about our use or sharing of your information, let us know in writing.

For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

We have the right to change the terms of this notice based on Lighthouse Counseling Services' needs, and changes in the state and federal law. If we change this notice, we will provide you with a revised notice in writing.

2. Your Rights

You have the right to know how we use or share your PHI. These rights include:

- You can ask us for a paper or electronic copy of this notice at any time, for any reason. We also have copies of the notice on our website.
- You can ask to see or get a copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or summary of your health information, usually within 30 days of your request.
 - We may say “no” to your request if we believe it would cause you harm.
 - We will not share your provider’s personal notes, or information that was given to us by someone else (unless it is another healthcare provider) with the understanding that it would be kept confidential, if sharing it with you would be likely to reveal the source of the information.
 - In some cases, if we say “no” to your request, you can ask to have our decision reviewed by another licensed professional within 60 days. This might be the case if we believe that sharing your record with you may harm you or someone else. Ask us if your situation qualifies for a review, and how to go about doing it.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we will tell you why in writing within 60 days. Even if we say “no”, you can still ask us to attach a letter (written by you) to your records to explain your disagreement. If you do, we might attach our own letter explaining why we did not make the correction in our records.

- You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, and health care operations, and those that you asked us to make.
- You can ask us to contact you in a specific way (for example, a specific phone number) or to send mail to a different address. We will say "yes" to all reasonable requests. For simplicity, we encourage you to not share phone numbers or addresses with us if you do not want us to use them.
- You can ask us (in writing) not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If we say "yes" we are required to comply with your request until we inform you in writing that we are going to stop complying, unless there is an emergency.
- You can ask us not to share information about your treatment with your health insurer if you pay for your services out-of-pocket, in full. We will follow your request unless a law requires us to share that information.
- You can ask (in writing) to share your information or records with someone else, for any purpose you choose. We have a form available for you to make this request if you would like to use it. You can cancel that request if you want us to stop sharing information or records with that person, but we won't be able to take back any information that we have already shared.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- You can complain if you feel we have violated your rights by contacting us at 630-325-4770. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights (their contact information can be found at the end of this notice). We will not retaliate against you for filling a complaint.

3. Use and Disclosure of Protected Health Information (PHI)

Lighthouse Counseling Services adheres to Illinois and Federal Law that requires written authorization in order to disclose any PHI outside of Lighthouse Counseling Services. However, by signing the Consent and Agreement for Treatment form, you are giving us permission to use or disclose your PHI in the following situations:

- *Treatment.* We can use your health information and share it with other professionals who are treating you. Illinois law requires that we never share substance abuse treatment records without your written permission.
- *Payment.* We can use and share your information to bill and get payment from you, from health plans, or other entities. This might include verifying your insurance eligibility, benefits and coverage, arranging for a third-party payor at your request, and/or collecting unpaid balances.
- *Healthcare Operations.* We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- *Emergencies.* We can use and share your health information when doing so is necessary to address an immediate emergency, or if we believe it is necessary to prevent or decrease a serious threat to the health and safety of you or someone else.
- *Judicial Proceedings.* We can share health information about you in response to a court or administrative order, or in response to a subpoena, depending on state law.
- *Abuse and Neglect.* We are required by law to share your information with authorities in cases where we suspect child, elder, or institutional abuse or neglect.
- *Government Requirements.* We will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- *Criminal Activity or Danger to Others.* If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal.
- *Others involved in your healthcare.* Unless you object, we can share your information with your family, close friends, or others involved in your care.
- *Marketing/continuity of care.* We may contact you to provide information about appointments, or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

4. Contact Person for Complaints of Further Information

To request more information about this notice, you may contact the person listed below. You may complain either directly to us or to the Secretary of Health and Human Services if you believe that we have not properly protected your health information. You will not be retaliated against in any way for filing a complaint. To file a complaint with us, you may submit one in writing that includes as many details as possible to:

David Mackinnon, PhD, MBA, LMFT
Lighthouse Counseling Services, LLC
244 E. Ogden Ave. Suite 11
Hinsdale, IL 60521
drdave@lighthousecounselingmft.com
(630)325-4770

Region V, Office of Civil Rights
U.S. Department of Health & Human Services
233 North Michigan Ave., Suite 240
Chicago, IL 60601
(312)886-2359
Fax: (312)886-1807

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave, SW
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints