

# Vanessa E. Ford LCSW, CADC

National Provider Identification # 1184602427

## HIPAA PRIVACY NOTICE

Thank you for taking the time to review this important disclosure regarding the Federal Health Insurance Portability and Accountability Act of April 14, 2003. This notice outlines my policies and practices to protect the privacy of your health information. The purpose of this form is to make sure that you understand how mental health and medical information may be used and disclosed, as well as describing how you can get access to this information as needed. If you have any questions or comments about any of the information on this form, please ask. I will try to give you all the information that you need.

### USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

I may *use* or *disclose* your *protected health information* (PHI), for *treatment, payment, and health care operations* purposes with your written authorization. Your review of this form plus signature constitutes authorization, except where a separate Release of Information form is required. PHI refers to information in your health record that could identify you (such your name, date of birth or personal contact information). Treatment is when I provide mental health services directly to you; or coordinate or manage your health care (for example, consulting with your psychiatrist by telephone, or coordinating care while you are admitted to an inpatient facility). I keep recorded notes of treatment. Payment activities are when I obtain reimbursement for your health care, for example when I disclose your PHI along with other details of your care (e.g. length of session, type of treatment provided, date of sessions, past and current mental health symptoms exhibited, diagnosis) to your health insurer to obtain reimbursement for your health care or to determine eligibility for coverage. Please be advised that external credit card processors do not receive or store medical/mental health information, and therefore are exempt from HIPAA policies. Health care operations are activities that relate to the performance and operation of my practice. 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. I may use information about your care to engage in activities within my private office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you (for instance, when I consult with a colleague for the purpose of improving service delivery).

A disclosure applies to activities outside of my private office such as releasing, transferring, or providing access to information about you to other parties. An authorization is your written permission to disclose confidential mental health or medical information. Consultation with external providers or family members requires a separate Release of Information form for example. All authorizations to disclose must be on a specific legally required form (Release of Information form), with certain important exceptions (see Consent form and below notice for details).

Please be advised that it is not my standard practice to keep traditional “psychotherapy notes,” except in rare cases. These handwritten notes are stored separately from your file and may contain notes I take down in sessions. These psychotherapy notes are given a greater degree of protection than standard PHI. I do, however, keep traditional “treatment notes” for every session, and these notes outline in brief the date and time that we met, payment collected and type, mental health symptoms exhibited, a brief summary of what was discussed in sessions, other diagnostic information where applicable, therapeutic intervention provided, and treatment plan. I consider these treatment notes to be a standard part of your mental health chart that documents the treatment you have received for the purposes of treatment, payment and health care operations. I do not provide additional protections for your treatment notes.

I may use or disclose PHI for purposes outside of routine treatment, payment, or health care operations when your appropriate authorization is obtained on a Release of Information form. You may choose to provide me with this authorization for example to help your doctor provide services to you, to another therapist involved in your care, or as a part of a court case that you are involved in. I do not provide court evaluations however. This form specifically outlines what will be disclosed, to whom, and the length of time that the authorization is valid for. Please be advised that certain information about you, such as substance use history or HIV status, may have additional legal protections and therefore any consent to disclose information to a 3<sup>rd</sup> party (excluding to your insurance company or in the case of routine health care operations or treatment) should outline this form of disclosure specifically.

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You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I may have relied on that authorization, or if the disclosure is used for the purpose of obtaining private insurance reimbursement. The law provides the insurer the right to contest the claim under the policy.

### USES AND DISCLOSURES WITHOUT AUTHORIZATION

I may use or disclose your information without your consent or authorization in the following circumstances:

- *Child Abuse*: If I have reasonable cause to believe a child known to me in my professional capacity may be an abused child or neglected child, I must report this belief to the appropriate authorities (DCFS).
- *Adult and Domestic Abuse*: If I have reason to believe that an elderly or dependent individual has been abused, neglected or financially exploited, I must report this belief to the appropriate authorities (e.g. to the Illinois Department on Aging).
- *Health Oversight Activities*: I may disclose protected health information regarding you to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.
- *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 I must not release such information without a judicial court order. However should an attorney issue a subpoena to me, please be advised that I will respond to the subpoena with a standard statement that I can neither confirm nor deny current or former patients of mine, and that should that attorney believe that you are a client of mine, that that attorney should contact you directly to request that you provide me with a properly authorized release. I will also make every effort to contact you and inform you of the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is judicial court order. You must be informed by me in advance if this is the case.
- *Serious Threat to Safety or Health*: If you communicate to me a specific threat or imminent harm against another individual or I believe that there is a clear, imminent risk of physical or mental injury being inflicted against another individual, I may make disclosures that are necessary to protect that individual or individuals from harm. If I believe that you present an imminent, serious risk of physical or mental injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.
- *Worker's Compensation*: I 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.

### CLIENT RIGHTS AND CLINICIAN DUTIES

- *Right to Inspect and Copy Your Mental Health Chart*: You have the right to inspect or obtain a copy (or both) of any information I have on file for you, including your mental health chart, treatment notes or claims forms, for as long as the information is maintained in the record (7 years). Your record will be destroyed after 7 years from date of last service received. I may charge a reasonable, costs-based fee. On your request, I will discuss with you the details of the "request for access" process.
- *Right to Request Restrictions or Limit Disclosures*: You have the right to ask me not to share or use certain health information for treatment, payment or health care operations. I am not required to agree to a restriction you request, for example if limiting disclosure will affect your care or payment. If I say no I will explain why within 30 days.
- *Right to Receive Confidential Communications by Alternative Means and Alternative Locations*: You have the right to request and receive confidential communications by alternative means and at alternative locations. (For example, you may not want a family member to know you are seeing me. On your request, I may agree to mail any communication from me to you at another address.)
- *Right to Amend*: You have the right to request an amendment of any information that is maintained in the record. I may deny your request. If I say no I will explain why within 30 days. On your request, I will discuss with you the details of the amendment process.

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- *Right to an Accounting Log of Disclosures:* You generally have the right to receive a list of anyone to whom your private information has been shared. On your request, I will discuss with you the details of the accounting process. This accounting log is only available as long as your chart is maintained (7 years). You may obtain one free accounting log per year, after which I may charge a reasonable, cost-based fee.
- *Right to a Paper Copy:* You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically.
- *Clinician Duties:* I am required by law to maintain the privacy of your mental health chart and to provide you with a notice of my legal duties and privacy practices with respect to any information that I store about you. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies in a way that directly affects you, I will notify you in person or by mail.
- *Right to Choose Someone to Act for You:* If you give someone medical power of attorney and this authority has been confirmed by me, then that person can exercise your rights and make choices about your health information.

### COMPLAINTS

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, please contact me at:

1731 W. Arthur Ave  
Chicago, Illinois 60626

or via phone or email at:  
(773) 552-8070  
VanessaEFord@gmail.com.

As I am in solo private practice, I act as the HIPAA compliance officer for my private office. You may request to fill out a Complaint form at any time for any reason (related to perceived HIPAA violation or any other health care operations, payment or treatment-related complaint), or convey your concerns to me verbally. You may also contact the Illinois Department of Insurance Consumer Assistance Hotline at (866) 445-5364, or their Consumer Complaints Services Section at (312) 814-2427. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services: 200 Independence Ave, S.W., Washington, D.C. 20201, (877) 696-6775. If you file a complaint about my privacy practices, I will not retaliate against you.

### EFFECTIVE DATE, RESTRICTIONS AND CHANGES TO PRIVACY POLICY

This revised notice will go into effect on February 1<sup>st</sup>, 2016. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all information that I maintain. I will provide you or any other current client with a revised notice in writing should this occur by posting the most current version of my HIPAA privacy policy online on my website here: <http://vanessaeford.com/contact/>. If you are a former client and a future revision of this notice will directly affect how your PHI will be stored, used or disclosed, I will notify you in person, by telephone or by mail, and I will make a note in your chart that I will maintain for 7 years from your date of last service received. Records that were created or received prior to February 1<sup>st</sup>, 2016, may be used or disclosed based on an authorization that was signed prior to February 1<sup>st</sup>, 2016 as long as the authorization is otherwise valid.

**This HIPAA privacy notice was explained to me in a language that I, \_\_\_\_\_, (please print name) understand and I have asked Vanessa E. Ford, LCSW, CADC to explain anything to me that I do not understand. I understand that I have a right to a copy of this notice at my request.**

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist signature

\_\_\_\_\_  
Date