

Marianne Tomlinson Therapy, LLC
1605 W. Wilson St., Suite 111
Batavia, IL 60510

NOTICE OF PRIVACY PRACTICES

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. Effective Date: February 1, 2014

Marianne Tomlinson Therapy, LLC has been and will always be totally committed to maintaining clients' confidentiality. We will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession. This notice describes our policies related to the use and disclosures of your healthcare information.

Uses and disclosures of your health information for the purposes of providing services include: Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

TREATMENT: We may need to use or disclose health information about you to provide, manage or coordinate your care of related services. This may include consultants and potential referral sources.

PAYMENT: Information may be shared that is needed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. We may bill the person in your family who pays for your insurance unless otherwise directed.

HEALTHCARE OPERATIONS: We may need to use the information about you to review our treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

VERBAL PERMISSION: We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

DUTY TO WARN AND PROTECT: When a client discloses intentions or a plan to harm another person, Marianne Tomlinson Therapy, LLC is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, Marianne Tomlinson Therapy, LLC is required to make sure the client gets the help needed. We are also required to notify legal authorities and make reasonable attempts to notify the family of the client.

ABUSE OF CHILDREN AND VULNERABLE ADULTS: If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or child (or vulnerable adult) is in danger of abuse, Marianne Tomlinson Therapy, LLC is required to report this information to the appropriate social service and/or legal authorities.

INSURANCE PROVIDERS: Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to types of services, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

Other uses or disclosures of your information which do not require your consent: There are some instances where we may be required to use and disclose information without your consent. For example, information to remind you of/or to reschedule appointments or treatment alternatives may come from office staff. Information may be shared with law enforcement if a crime is committed on our premises or against our staff or as required by law such as a subpoena or court order.

Clinical records, psychotherapy notes and other disclosures require a separate signed release of information. You have a right to or will receive notification of a breach of any unsecured personal health information. You have a right to restrict any disclosure of personal health information where you have paid for services out-of-pocket and in full.

CLIENT RIGHTS

Right to Release Your Medical Records: You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that we acted in reliance on such authorization.

Right to Inspect and Copy Your Medical and Billing Records: You have the right to inspect and obtain a copy of your information contained in our medical records. To request access to your billing or health information, contact Marianne Tomlinson, M.S. Ed., L.C.P.C. Under limited circumstances, we may deny your request to inspect and copy. If you ask for a copy of any information, we charge a reasonable fee for the costs of copying, mailing and supplies.

Right to Add Information or Amend Your Medical Records: If you feel that information contained in your medical record is incorrect or incomplete, you may ask us to add information to amend the record. We will make a decision on your request within 60 days or in some cases, within 90 days. Under certain circumstances, we may deny your request to add or amend information. If we deny your request, you have a right to file a statement that you disagree. Your statement and our response will be added to your record. To request an amendment, you must contact Marianne Tomlinson, M.S. Ed., L.C.P.C. We will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

Right to an Accounting of Disclosures: You may request an accounting of any disclosures, if any, we have made related to your medical information, except for information we used for treatment, payment, or health care operational purposes or that is shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years, please submit your request in writing. We will notify you of the cost involved in preparing this list.

Right to Request Restrictions on Uses and Disclosures of Your Health Information: You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be in writing and submitted to our office. However, we are not required to agree to such a request.

Right to Complain: If you believe your privacy rights have been violated, please contact us personally and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.

Right to Receive Changes in Policy: You have the right to receive any future policy changes secondary to changes in state and federal laws.

Right to Request Confidential Communication: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. You may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.