

NOTICE OF PRIVACY PRACTICES

Your confidentiality is respected and releasing information about you will be in accordance with state and federal laws.

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

This notice describes policies related to the use of the records of your care. This notice is required to be given to you. This notice concerns (1) the use and disclosure of your health information, (2) the legal responsibilities concerning your care, and (3) your rights concerning your health information. You may request a copy of this notice at any time. For more information about privacy practices, or for additional information, contact me at mail@mattfrantzlpc.com.

1. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

The use and disclose of personal health information will be limited to the minimum necessary health information about you for your treatment and for payment for your services.

For Treatment. Personal health information may be disclosed for the purpose of consultation with other professionals. This would not include identifying information, only information related to symptoms and treatment goals.

For Payment. Personal health information may be disclosed to obtain payment for services provided to you as delineated in the Service Agreement. For example, I may need to give insurance companies or other agencies the minimum necessary information in order for them to pay for the service provided to you.

2. INFORMATION DISCLOSED WITHOUT YOUR CONSENT

Under Illinois and federal law, information about you may be disclosed without consent in the following circumstances:

Emergencies Sufficient information may be shared to address an immediate emergency you are facing.

Judicial and Administrative Proceedings Personal health information may be disclosed in the course of a judicial or administrative proceeding in response to a valid court order or other lawful process, including if you were to make a claim for Workers Compensation.

Public Health Activities If it was determined you were an immediate danger to yourself or others, we health information about you may be disclosed to the authorities, as well as any other person who may be in danger.

Child/Elder Abuse Personal health information may be disclosed if related to the suspicion of child and/or elder abuse or neglect.

Criminal Activity or Danger to Others Personal health information may be disclosed if a crime is committed on the premises or against personnel, or if there is belief someone is in immediate danger.

National Security, Intelligence Activities, and Protective Services to the President and Others Personal health information may be disclosed to authorized federal officials as authorized by law in order to protect the President or other national or international figures, or in cases of national security.

Health Oversight Activities Personal health information may be disclosed to a health oversight agency for activities authorized by law. These activities might include audits or inspections and are necessary for the government to monitor the health care system and assure compliance with civil rights laws. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements. The minimum necessary information will be provided in these instances.

Business Associates The minimum possible personal health information may be disclosed to business associates that perform functions on behalf of or provide services if the information is necessary for such functions or services. All business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

3. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

Right to Inspect and Copy You have the right to look at or get copies of your health information, with limited exceptions. Your request must be in writing. If you request a copy of the information, a reasonable charge may be made for the costs incurred.

Right to Amend You have the right to request an amendment to your health information. Your request must be in writing, and it must explain why the information should be amended. I have the right to deny your request under certain circumstances.

Right to an Accounting of Disclosures You have the right to receive a list of instances in which your personal health information has been disclosed for a purpose other than treatment, payment, or health care operations. To request an accounting of disclosures, you must submit your request in writing to the myself at mail@mattfrantzlpc.com. Records are kept for six years after the last date of service.

Right to Notification You have the right to or will receive notifications of breaches of confidentiality.

Right to Request Restrictions You have the right to restrict certain disclosures of Protected Health Information to a health plan when you pay out of pocket in full for the healthcare item or service. While you are in treatment, a written request for the restriction should be made. To request a restriction after therapy is completed, you must make a written request to me at mail@mattfrantzlpc.com.

Right to Request Confidential Communications You have the right to request that I communicate with you about health matters in a certain way or at a certain location. For example, you may ask that you be contacted only by mail or at work. You must make this request in writing and it must specify the alternative means or location that you would like to use to provide you information about your health care. Every attempt to accommodate reasonable requests will be made.

Right to Obtain a Paper Copy of this Notice You have the right to receive a paper copy of this notice and any amended notice upon request. Copies will be made available by written request to at mail@mattfrantzlpc.com.

Any other uses and disclosures not set out in the information above will be made only with your written authorization. You may revoke a written authorization for release of information at any time. The revocation must be in writing and will become effective when it has been received, and will only be for disclosures not already completed.

I reserve the right to change privacy practices provided such changes are permitted by applicable law. Before the effective date of a material change, however, this notice will be changed and a new notice will be made available.

QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us, or you may file a complaint with the U. S. Department of Health & Human Services. To obtain additional information, or to file a complaint with us, contact me at mail@mattfrantzlpc.com or 312.883.3318. There will be no retaliation in any way if you choose to file a complaint.