

**The Barrington Center for Counseling and Psychotherapy**  
**901 Fox Glen Court**  
**Barrington, IL 60010**  
**(847) 304-0770**

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## **Notice of Privacy Practices**

As required by the Health Insurance Portability and Accountability Act (“HIPAA”) of 1996, this notice describes how health information about you may be used and disclosed and how you can access this information.

## **Understanding Your Health Information and Health Record**

Each time you visit your psychotherapist at the Barrington Center for Counseling and Psychotherapy (throughout this document referred to as the “Center”); we document information about you and your visit. Typically, this record is referred to as your Behavioral Health Record and contains your name, symptoms, history, diagnoses, treatment given and a plan for future care or treatment. This record is used to document and plan your care and treatment and be a source of your health information.

## **Use and Disclosure of Your Health Information**

The Center will use and disclose your health information contained within the behavioral health record to give you treatment, obtain payment for your treatment, and operate our psychotherapy business.

Some examples of how your health information may be used or disclosed include the following:

1. Your therapist will collect and document information about you in your record. We may disclose information to a physician or other health care provider who will be assisting or consulting regarding your care. This information will be used to evaluate or choose the treatment we believe is best for you. This treatment will always be coordinated with you. We will document in your record the suggestions and observations made of you.
2. We will send a bill that includes some of your health information to you, to the person responsible for the bill, and your third party payer (such as your Health Insurance Company or Medicare). In some instances, we may need to send part of your record to your third party payer. The type of health information we might send includes your name, other identifying information, diagnosis, treatment, and possibly a summary of your progress.
3. We will use and/or disclose your health information to those persons or companies for which you give us written authorization or permission to do so. If you authorize us to use or disclose your information, you must complete our Release of Health Information Form. You may revoke your authorization in writing at any time to the extent that we may have already used or disclosed your health information as previously authorized.

The Center may without your written permission release your health information for the purposes described below.

- **Business Associates:**

We provide some services through other persons or companies that need access to your name or

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health information to carry out these services. The law refers to these persons or companies as Business Associates. Our 24 hour answering service would be an example of such an associate. Billing or collection service would be an additional example.

- **Law Enforcement Officials:**

We may disclose your health information to the police, other law enforcement officials, and to the courts or administrative proceedings as allowed or required by law, or required by a court order or other legal process. We also must report known, or suspected, incidents of child abuse or neglect or elder abuse or neglect.

- **Notification and Other Communications with your Relatives, Close Friends, or Caregivers:**

You or your legal representative must tell your therapist which of your relatives or other persons may receive information about you. After learning who these persons are, we may, in our best judgment, use and disclose your health information, to notify these person(s) of what they need to know to care for you. In an emergency or other situation where you are not able to identify your chosen person(s) to receive communications about you, we may exercise our professional judgment to determine whether such a disclosure is in your best interest, who is the appropriate person(s) and what health information is relevant to their involvement with your healthcare or safety.

## Patient's Rights

Your behavioral Health Record is the physical property of the Center; however the information within the record belongs to you. Federal and Illinois Laws provide you with the following rights regarding your health information that is contained in the record that the Center keeps about you.

- Right to obtain a copy of this Notice of Privacy Practices
- Right to request certain restrictions on the uses and disclosures of your health information
- Right to inspect or receive a copy of your health record
- Right to request an amendment to your health record if you believe it contains an error
- Right to obtain a list of all the people and companies which the Center has released your health information (an "accounting" of disclosures)
- Right to request that we communicate with you about your health care at a confidential phone number or address
- Right to revoke your written consent / authorization to use or disclose your health information except when the use or disclosure has already happened.

Federal and Illinois Laws also provide you with the right to be informed about and give your written authorization before any health information, is disclosed, unless such disclosure is allowed or required by law.

## The Center's Responsibilities

- Maintain the privacy of your health information as required by law
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you

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- Do what is required by this Notice or a Notice that is in effect at the time The Center uses or discloses your health information
- Notify you if we are unable to agree to your requested restriction on disclosure if your health information
- Agree to reasonable requests to communicate your health information by an alternative method or at an alternative location

## Complaints

If you would like to report a Privacy Problem, want further information, or believe your privacy rights have been violated, you may file a report with Dr. Cheryl Borst at the Center at (847)304-0770 ext 1, or you may send a written complaint to the Secretary of the US Department of Health and Human Services, or to the office of Civil Rights (OCR). We will not retaliate against you if you file a complaint with us or with the Directors of OCR or HHS.

## Effective Date, Restrictions, and Changes to Privacy Policy

This notice is to into effect on April 13, 2003.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all records that we maintain. We will provide you copies of any revised notice.

**Acknowledgement:** I/we have received a copy of the "Notice of Privacy Practices."

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Patient/Guardian Date

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Witness Date

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Patient/Guardian Date

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Witness Date