

HIPAA NOTICE OF PRIVACY PRACTICES

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

- II. **Use and disclosure of Protected Health Information for the purposes of providing services:** Your protected health information (PHI), as defined in the Privacy Rule of the Administration Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1966, includes information that can be used to identify you. Examples of PHI are name, age, date of birth and ethnicity.

With few exceptions, the information Heartlinks Grief Center receives from you is confidential. State and federal laws allow us to use and disclose your health information for the following purposes.

Below are the circumstances under which your PHI may be disclosed:

1. **TO OBTAIN PAYMENT:** Grant funding and fundraising allows Heartlinks to provide free and low-cost grief related services, such as individual, group and community-based counseling. To obtain grant funds, we are often required to provide specific client information. Your demographic information, such as city, county, date of birth and/or name, may be released to grant funding agencies. As the receiver of PHI, funding sources treat this information as confidential, much like submitting an insurance claim on your behalf.
2. **Healthcare Operations:** Heartlinks strives to assure that our client base receives the highest quality of care. In doing this, your PHI may be shared internally to review and improve processes. Such circumstances include:
 - Quality assessment and improvement activities
 - Protocol development
 - Case consultation with other mental health professionals
 - Training of non-mental health professionals
 - Training programs including those in which students or mental health professionals learn under supervision
 - Accreditation, certification, licensing, or credentialing activities
 - Review and auditing, including compliance programs or legal services
 - Business planning and development, including cost management and planning related analysis
 - For research purposes
3. **Other uses and disclosures not requiring consent:**
 - a. To address a serious threat to health and safety:
 - i. If, in good faith, Heartlinks believes that the disclosure of your PHI is necessary to prevent or lessen a serious and imminent threat to you, either through self-harm or harm by others
 - ii. If, in good faith, Heartlinks believes that disclosure of your PHI is necessary to prevent harm to others by you
 - iii. To report incidents of abuse and neglect

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b. When Legally Required:

- i. For the purposes of responding to a court order, including a subpoena, discovery request, or other lawful processes, but only when Heartlinks makes reasonable efforts to either notify you about the request and/or obtain an order protecting your health information as required by the State of Illinois
- ii. Under limited circumstances, if you are the victim of a crime
- iii. For specific government functions, such as in compliance with requests regarding active and veteran military members
- iv. For health oversight activities, including governmental investigations or inspections of a health care provider or organization

III. DISCLOSURES REQUIRING YOUR PRIOR WRITTEN CONSENT

1. **To provide treatment:** Heartlinks may request to use your PHI to provide, manage, or coordinate care. For example, we may ask your permission to consult with a primary care physician, psychiatrist, or other mental health professional who might be prescribing care or medication for you.
2. **To consult with work, school, or other resources for information needs:** Heartlinks may request to use your PHI to provide, manage, or coordinate care. For example, we may ask your written permission to share information with a school for student services or to work for special accommodation on the job.

IV. CLIENT BILL OF RIGHTS:

1. *As a Heartlinks Client, you have the following rights regarding your care and PHI:*

- Refuse to sign this form. Heartlinks may not condition treatment on this decision.
- Request and receive full information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization(s), and limitations.
- Have written information about fees, grant reimbursement, number of sessions, substitutions (in cases of vacation and emergencies), and cancellation policies before beginning therapy.
- Receive respectful treatment in a safe environment, free from judgement, sexual, physical, and emotional abuse.
- Ask questions about your therapy.
- Refuse to answer any question or disclose any information you choose not to reveal.
- Request that the therapist inform you of your progress.
- Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
- Refuse or end treatment without obligation or harassment.
- Request a summary of your file, including the diagnosis, your progress and type of treatment.
- Report unethical and illegal behavior by a therapist. Complaints can be made locally, with Heartlinks Grief Center or with the U.S. Department of Human Services.
- Receive a second opinion at any time about your therapy or therapist's methods.
- Request the transfer of a copy of your file to any therapist of agency you choose.

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- Request restrictions on uses and disclosures of your PHI. Requests must be made in writing, to Heartlinks Grief Center.
- Request a list of instances in which your PHI has been disclosed excluding those you have previously consented to and those made for national security purposes, to corrections, or to law enforcement personnel.
- Revoke this authorization in writing with the understanding that revocation will not be effective if Heartlinks staff and organizational personnel have already acted in reliance upon this authorization.

- V. Photo/Video Release:** Periodically, Heartlinks takes photos and audio/video recordings of hosted events for the following purposes in diverse settings within an unrestricted geographic area:
- Conferences, educational and/or informational presentations
 - Online newsletters and social media
 - Grant requests
 - Promotional pamphlets
 - Thank-you video/images

By checking the consent box below, you agree that you have read and understood the above agreement and consent to the terms as stated and agree to waive any right to compensation related to the use of these images and recordings. You also understand that you may withhold consent without any repercussions.

I agree I do not agree to provide consent for Heartlinks to display and/or distribute photos and/or video/audio for myself.

Leave blank if not applicable

I agree I do not agree to provide consent for Heartlinks to display and/or distribute photos and/or video/audio for my child(ren).

- VI. Emergencies:** Because Heartlinks is not a crisis service provider, clinicians are not available after hours for emergencies. For after-hours emergencies or if you need immediate assistance, please call the National Suicide Prevention Hotline 1(800)-273-8255; the St. Clair County local crisis line (Chestnut Health Systems) 618-877-0316; the Madison County local crisis line (Centerstone) 800-832-5442; or go to the emergency room at the nearest hospital; or call 911.
- VII. Outside Contact:** At Heartlinks, our client relationships are guided by the ethical standards of our professions. Consistent with these, while you are welcome to engage with our Heartlinks professional pages, such as Facebook and LinkedIn, connecting with our clients, both past and present, outside the professional setting is prohibited. Should we encounter one another in public, it is your choice whether to approach your therapist or not.

- VIII. Co-Pay Donations:** Heartlinks is a non-profit service provider. We provide effective mental health and support group services through the support of grant funding and community donations. While we do not charge a structured fee for services, a co-pay donation for sessions is appreciated to keep services low-cost and available. The suggested amount is \$20, or another amount that best suits your budget.

Please indicate the amount you will be able to pay each visit for services: \$ _____

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- IX. Consent for Treatment:** By signing below, you agree that you have read and understood the HIPAA Notice of Privacy Practices and that you consent to evaluation and/or treatment at Heartlinks. You further understand that you may withdraw from treatment and revoke authorization at any time without consequence.

Leave blank if not applicable	_____	_____
	Minor Child's Name	Minor Child's Name
	_____	_____
	Minor Child's Name	Minor Child's Name
	_____	_____
	Minor Child's Name	Minor Child's Name
	_____	_____
	Minor Child's Name	Minor Child's Name

Client and/or Legal Guardian Printed Name	
_____	_____
Client and/or Legal Guardian Signature	Date