



OHARA THERAPY OF CHICAGO  
DR. ALISON O'HARA, PSYD

## 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.** As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### COMMITMENT TO YOUR PRIVACY

This practice is dedicated to maintaining the privacy of your health information. In conducting business, I will create records regarding you and the diagnosis, treatment and services we provide to you. I am required to:

- Maintain the privacy of your health information.
- Provide you with a notice of my legal duties and privacy practices with respect to information I collect.
- Notify you if I am unable to agree to a requested restriction.
- Accommodate reasonable requests you have to communicate health information by alternative means or at alternative locations.

The terms of this notice apply to all records containing your health information that are created or retained by this practice. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that this practice has created or maintained in the past, and for any records that I may create or maintain in the future. This practice will post a copy of our current notice in the office in a visible location at all times and you may request a copy of our most current notice.

#### A. USE AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

The following categories describe the different ways in which I may use and disclose your health information.

1. **Treatment:** I may use your health information to treat you and reach a diagnosis. Additionally, I may disclose your health information to other healthcare professionals who may assist in your care.
2. **Payment:** I will use and disclose your health information to bill and collect payment for the services you receive from us. I may provide your insurer with details regarding your treatment to determine if your insurer will cover your treatment. I also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs. Also, I may bill you directly.
3. **Health Care Operations:** I may use and disclose your health information to operate this business. For example I may use and disclose your information to evaluate the quality of care you received from me.
4. **Release of Information to Family/Friends:** I may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, and general condition.
5. **Disclosure required by Law:** I will use and disclose your health information when required to do so by federal, state or local law.

#### B. SPECIAL CIRCUMSTANCES FOR DISCLOSURE OF YOUR HEALTH INFORMATION

The following categories describe unique scenarios in which I may use or disclose your health information.

1. **Public Health Risks:** This practice may disclose your health information to public health authorities for the purpose of reporting child abuse or neglect.

2. **Lawsuit and Similar Proceedings:** This practice may use and disclose your health information in response to court or administrative order, if you are involved in a lawsuit or similar proceedings. I may disclose your health information in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if I have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
3. **Military:** This practice may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
4. **National Security:** This practice may disclose your health information to federal officials for intelligence and national security activities authorized by law.
5. **Workers' Compensation:** This practice may release your health information for worker's compensation and similar programs.

### C. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

1. **Confidential Communications:** You have the right to request that this practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that I contact you at home rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact of the location where you wish to be contacted. This practice will accommodate reasonable requests.
2. **Inspection and Copies:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records but not including psychotherapy notes. You must submit your request in writing to OHara Therapy of Chicago, LLC in order to inspect/obtain a copy of your health information. This practice may charge a fee for the cost of copying, mailing, labor and supplies associated with your request. This practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another health care professional chosen by me will conduct the review.
3. **Requesting Restrictions:** You have the right to request a restriction in my use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that I restrict disclosure of your health information to only certain individuals involved in your care or the payment of your care, such as family members and friends. I am not required to agree to your request; however, if I do agree, I am bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction you must make written request describing the following:
  - the information you wish restricted
  - whether you are requesting to limit this practice's use, disclosure or both
  - to whom you want the limits to apply
4. **Amendment:** You may ask me to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by this practice. You must make this request in writing and must provide me with a reason to support your request for amendment. This practice will deny your request if it is not in writing and you fail to provide the reason for your request. Also, I may deny your request if you ask us to amend information that is in my opinion (a) accurate and complete; (b) not part of the patient information kept by this practice; (c) not part of the patient information which you would be permitted to inspect or copy, or (d) not created by this practice, unless the individual or entity that created the information is not available to amend the information
5. **Accounting of Disclosures:** You have the right to request a list of certain non-routine disclosures this practice has made of your patient information for non-treatment or operations purposes. All requests for this information must be made in writing and must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. This practice

may charge you for lists of more than a 12-month period. Our practice will notify you of the costs involved and you may withdraw your request before you incur any costs.

6. **Right to a paper copy of this Notice:** You are entitled to receive a paper copy of this notice of privacy practices. To obtain a copy contact Dr. O'Hara at 224.637.0036.
7. **Right to File a Complaint:** If you believe your privacy rights have been violated you may file a complaint with this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to Provide an Authorization for Other Uses and Disclosures:** This practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time in writing.