

Sixty-Forty Counseling, PLLC

HIPAA PRIVACY PROTECTION NOTICES

As of 9/01/2023

Translations

This Privacy Policy is executed in English. You agree and acknowledge that you have reviewed this Privacy Policy in English.

Contacting Us

If you have questions regarding this Privacy Policy, its implementation, failure to adhere to this Privacy Policy and/or our general practices, please contact me at Kyle@sixtyfortycounseling.com, or send your comments to:

Kyle Lisowski, LCPC
Sixty Forty Counseling PLLC
475 River Bend Rd. Suite 306
Naperville IL, 60540

Sixty Forty Counseling PLLC will use commercially reasonable efforts to always respond and resolve any problem or question as promptly as possible.

HIPAA Privacy Policy for Therapy Clients.

THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. THIS POLICY IS POSTED ON OUR WEBSITE sixtyfortycounseling.com A PAPER COPY IS AVAILABLE UPON YOUR REQUEST FOR YOUR REVIEW AS WELL.

Your Rights to Privacy under HIPAA Preamble: Communications between psychotherapists and their clients are privileged and, therefore, are protected from forced disclosure in cases arising under federal law. There is a difference between privileged conversations and documentation in your mental health Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA very clearly defines what kind of information is to be included in your 'Designated Medical Record' as well as some material, known as 'Psychotherapy Notes' which is not accessible to insurance companies and other third-party reviewers and in some cases, not to the client himself/herself. HIPAA provides privacy protections about your personal health information, which is called protected health information (PHI) which could personally identify you. PHI consists of three (3) components: treatment, payment, and health care operations. Treatment refers to activities in which I provide, coordinate or manage your mental health care or other services related to your mental health care. Examples include a psychotherapy session, psychological assessment, or talking to your primary care physician about your medication or overall medical condition. Payment is when I obtain reimbursement for your mental health care. The clearest example of this parameter is filing insurance claims on your behalf to help pay for some of the costs of the mental health services provided you. Health care operations are activities related to the

performance of my practice such as quality assurance. In mental health care, the best example of health care operations is when utilization review occurs, a process in which your insurance company reviews our work together to see if your care is deemed 'medically necessary' within the eyes of the managed care organization. The use of your protected health information refers to activities my office conducts for filing your claims, scheduling appointments, keeping records and other tasks within my office related to your care. Disclosures refer to activities you authorize which occur outside my office such as the sending of your protected health information to other parties (i.e., primary care doctor, psychiatrist, or the school your child attends).

Uses and Disclosures of Protected Health Information Requiring Authorization

The law requires authorization and consent for treatment, payment and healthcare operations. I may disclose PHI for the purposes of treatment, payment and healthcare operations with your consent. You have signed this general consent to care and authorization to conduct payment and health care operations, authorizing me to provide treatment and to conduct administrative steps associated with your care (i.e., file insurance for you). Additionally, if you ever want me to send any of your protected health information of any sort to anyone outside my office, you will always first sign a specific authorization to release information (ROI) to this outside party. A copy of that authorization form is available upon the request digitally on Simple Practice and a paper copy in office. The requirement of your signing an additional authorization form is an added protection to help ensure your protected health information is kept strictly confidential.

There is a third, special authorization provision potentially relevant to the privacy of your records: my psychotherapy notes. Progress notes are submitted to your insurance provider in order to obtain payment for services. In recognition of the importance of the confidentiality of conversations between psychotherapist-client in treatment settings, HIPAA permits keeping separate psychotherapy notes separate from the overall 'designated medical record.' Psychotherapy notes cannot be secured by insurance companies, nor can they insist upon their release for payment of services as has unfortunately occurred many times with different managed care organizations. 'Psychotherapy notes' are *my* notes, these describe many things in the therapy room, observations of progress towards goals etc. If I am forced to submit your psychotherapy notes in addition to your progress notes for reimbursement for services rendered, you will sign an additional authorization directing me to release my psychotherapy notes. Most of the time I will be able to limit reviews of your protected health information to only your 'designated record set' which include the following: all identifying paperwork you completed when you first started your care here, all billing information, a summary of our first appointment, your mental status examination/initial assessment, progress notes, and any authorization letters or summaries of care you have authorized me to release on your behalf. You may, in writing, revoke all authorizations to disclose protected health information at any time. You cannot revoke an authorization for an activity already done that you instructed me to do or if the authorization was obtained as a condition for obtaining insurance and the insurer has the right to contest the claim under the policy.

Business Associates Disclosures

HIPAA requires that I ensure that all those performing ancillary administrative service for my practice and refers to these people as “Business Associates” sign and enter into a HIPAA compliant Business Associate Agreement so that your privacy is ensured at all times.

Uses and Disclosures Not Requiring Consent nor Authorization

By law, as a mandated reporter in the state of Illinois, protected health information may be released without your consent or authorization for the following reasons:

- Child Abuse
- Suspected Sexual Abuse of a Child
- Adult and Domestic Abuse
- Health Oversight Activities (i.e., licensing board for Professional Counselors in Georgia)
- Judicial or Administrative Proceedings (i.e., if you are ordered here by the court)
- Serious Threat to Health or Safety (i.e., out “Duty to Warn” Law, national security threats)
- Workers Compensation Claims (if you seek to have your care reimbursed under Workers Compensation, all of your care is automatically subject to review by your employer and/or insurer(s).

I never release any information of any sort for marketing purposes.

Client’s Rights and My Duties

You have a right to the following:

- The right to receive confidential communications by alternative means and at alternative locations. For example, you may not want your bills sent to your home address so I will send them to another location of your choosing; or payment can be secured in our HIPPA compliant portal on Simple Practice.
- The right to inspect and receive a copy of your protected health information in my designated mental health record set and any billing records for as long as protected health information is maintained in the records.
- The right to amend material in your protected health information, although I may deny an improper request and/or respond to any amendment(s) you make to your record of care.
- The right to an accounting of non-authorized disclosures of your protected health information (data breach, hacking).
- The right to a paper copy of notices/information from me, even if you have previously requested electronic transmission of notices/information via Simple Practice EHR.

- The right to revoke your authorization of your protected health information except to the extent that action has already been taken. For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask me for further assistance on these I am required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and my duties regarding your PHI (all paper notes will be under lock and key for privacy within the office space you are seen at). I reserve the right to change my privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of my policies when you come for your future appointment(s). My duties as a Licensed Clinical Professional Counselor in Illinois abides by these matters including maintaining the privacy of your protected health information, to provide you this notice of your rights and my privacy practices with respect to your PHI, and to abide by the terms of this notice unless it is changed, and you are so notified. If for some reason you desire a copy of my internal policies for executing private practices, please let me know and I will get you a copy of these documents I keep on file for auditing purposes.

Complaints

Kyle Lisowski is the appointed 'Privacy Officer' at Sixty Forty Counseling, PLLC per HIPAA regulations. If you have any concerns of any sort that my office may have compromised your privacy rights, please do not hesitate to speak to me (Kyle) immediately about this matter. You will always find us willing to talk to you about preserving the privacy of your protected mental health information. You may also send a written complaint to the Secretary of the U.S. Department of Health and the Illinois Department of Health and Human Services.

HIPAA provides client protections related to the electronic transmission of data (the transaction rule), the keeping and use of client records ('privacy rules'), and storage and access to health care records ('the security rules').

HIPAA applies to all health care providers, including mental healthcare, and providers and health care agencies throughout the country are now required to provide clients a notification of their privacy rights as it relates to their health care records.

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you don't have formal legal training. My Client Notification of Privacy Rights is my attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document as it is important you know what client protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship and as such, you will find I will do all I can to protect the privacy of your mental health records.

If you have any questions about any of the matters discussed in this document, please do not hesitate to ask me for further clarification.

Kyle Lisowski, LCPC
Privacy Officer/Owner
Sixty Forty Counseling PLLC
475 River Bend Rd. Ste 306
Naperville, IL 60540