

<p>PLEASE KEEP THIS FORM FOR YOUR REFERENCE AND RETURN THE SIGNATURE PAGE TO DR WILLER</p> <p>Jan Willer, Ph.D.</p>	
<p>EFFECTIVE DATE: April 14, 2003</p>	<p>NOTICE OF PRIVACY PRACTICES FORM</p> <p>REFERENCED POLICY:NOTICE of PRIVACY PRACTICES</p>

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

Every visit to a physician, psychologist or other healthcare provider creates a record that is kept electronically or in paper form. This record typically includes symptoms, examination notes, diagnoses, test results, and plans of treatment. This Notice of Privacy Practices applies to all of the records of your protected health information produced or maintained by this Practice.

This Practice is required by law to maintain the privacy of protected health information, give each patient our Notice of Privacy Practices, and follow the practices listed below. Additionally, I am required to revise this Notice of Privacy Practices if the law or my privacy practices change, and provide an internal complaint process for privacy issues.

This Notice of Privacy Practices relates to the organizations listed below and the locations they maintain for providing health care services and products.

Jan Willer, Ph.D.
4753 N. Broadway Ave
Suite 530
Chicago, IL 60640

REVISIONS TO THE NOTICES OF PRIVACY PRACTICES

This Notice of Privacy Practices applies to all mental health records containing your protected health information that is produced or maintained by or on behalf of this Practice. I reserve the right to change these policies at any time. Changes will apply to information about you that I already have as well as any new information after the change takes place. Before I implement significant changes in these policies or privacy practices, I will post a new notice. You are entitled to this Notice at any time upon request. You will be asked to acknowledge in writing your receipt of this Notice.

QUESTIONS and COMPLAINTS

If you have any questions about this Notice of Privacy Practices, please contact me using the information listed below. If you believe the privacy rights related to your protected health information have been violated you have the right to file a complaint with the individual listed above. You also may submit a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer will provide you the address upon request.

I support your right to protect the privacy of your medical information. I will not retaliate in any way if you choose to file a complaint with me or with the U.S. Department of Health and Human Services.

USES and DISCLOSURES OF HEALTH INFORMATION

This Practice may use and disclose medical information about you for several different purposes. Below find an example of each possible use or disclosure of your protected health information.

Appointment Reminders: This Practice may use or disclose your protected health information to remind you that you have an appointment for healthcare services. Reminders may include written notifications distributed via the US Postal system, verbal telephone communications and/or messages, or electronic mail messages.

Treatment: This Practice may use or disclose your protected health information to treat your medical condition. For example, I may ask you to submit yourself to a laboratory test or psychological testing, and I may use the results to obtain a diagnosis. Additionally, I may disclose your medical information to other members of a staff team participating in delivering services to you. This practice may also call patient names in the office waiting room.

Payment: This Practice may use and disclose your protected health information in order to bill and collect payment for the healthcare services provided to you from this office. For example, I may provide information to make contact with your health plan to verify your enrollment and your eligibility for benefits.

FURTHER SITUATIONS WHICH HEALTH INFORMATION MAY BE USED and DISCLOSED

Required by Law. This Practice may use or disclose medical information about you when required by law. This office is required by Federal law to disclose your protected health information to the U.S. Department of Health and Human Service upon request for purpose of determining whether this medical practice is in compliance with the Federal Privacy Standards. Also, if I receive a court order requiring me to provide information, I will comply with the order to the extent required by law.

This Medical Practice will not use or disclose protected health information in any manner that would violate the following laws:

- Illinois Nursing Home Care Act
- Illinois Mental Health and Development Disabilities Confidentiality Act
- Illinois Mental Health and Development Disabilities Code
- Illinois Medical Practice Act
- Illinois Aids Confidentiality Act
- Illinois Medical Patient Rights Act
- Illinois Genetic Testing Act
- Federal Drug Abuse, Prevention, Treatment and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970

Law Enforcement: Under some circumstances, this Practice may disclose health information if a request is made by law enforcement officials. For example:

- In connection to criminal conduct at this office;
- In an emergency situation, to report a crime, victims of a crime, and the description, location, or identity of the perpetrator;
- To identify a suspect, material witness, fugitive or missing person, to the extent required by law;
- Concerning a death believed to be the result of criminal activity; and
- Regarding a crime victim in certain situations.

Public Health Activities: This Practice may disclose your health information for public health activities, including:

- To report child abuse or neglect, or abuse or neglect of a patient in a long term care facility (including a mental health facility);
- To maintain vital records, such as births and deaths;
- To report side-effects to drugs or defects with products or devices;
- To comply with reporting laws concerning communicable disease (but such a report would be done without revealing that you are receiving mental health services);
- To alert individuals if a product or device they have has been recalled.

Serious Threats to Health or Safety: This Practice may use or disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of others. Under this situation, this office will only disclose health information to an agency or authority able to help prevent the threat.

Specialized Government Functions: I may disclose your health information to federal officials for intelligence and national security activities required by law. Additionally, this office may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement officials.

PATIENT RIGHTS REGARDING HEALTH INFORMATION

Right to Request Restrictions: You have the right to request a restriction on the use and disclosure of your protected health information for purposes of treatment, payment, and health care operations. I am not required to grant any such request for restriction, but if the restrictions are granted they will be legally binding, except in certain circumstances. You must fill out a Health Information Restriction Request Form in order to make the restriction valid.

Right to Provide an Authorization for Uses and Disclosures: You have the right to give authorization for uses and disclosures that are not identified by this Notice of Privacy Practices or are not permitted by applicable law. The authorization will be obtained by you completing the Authorization for Other Uses and Disclosures Form. Any authorization may be revoked at any time in writing. Once an authorization has been revoked, this Practice may not use or disclose your health information for the purposes detailed in the authorization.

Right to Confidential Communications: You have the right to request that this Practice communicate with you by an alternate means or at an alternate location. For example, you may ask us to contact you by e-mail rather than by phone or traditional mail. This practice will accommodate reasonable requests. To submit a request for confidential communications, please complete a Confidential Communication Request Form.

Right to a Paper Copy of the Notice of Privacy Practices: You have the right to a paper copy of the Notice of Privacy Practices. You may ask this Practice to give you a copy at any time. If you first obtain the Notice of Privacy Practices electronically, you may still request this office send you a paper copy.

Notice of Privacy Practices Signature Page

I have received a copy of the Notice of Privacy Practices (NPP):

Printed Name

Signature of Individual Acknowledging NPP

Place keep a copy of the Notice of Privacy Practices for your reference and return this signature page to Dr Willer for placement in your chart.