

Bash Psychotherapy Corporation

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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

For each session with Bash Psychotherapy Corporation, I will document information about you and your visit. This record, referred to as your Protected Health Information (PHI), contains your name, symptoms, history, diagnoses, treatment given, and a plan for future care or treatment. This information 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

Bash Psychotherapy Corporation will use and disclose your health information contained within the PHI to give you treatment, obtain payment for your treatment, and operate any psychotherapy business.

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

1. I will collect and document information about you in your record. I 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 I believe is best for you. This treatment will always be coordinated with you. I will document in your record the suggestions and observations made of you.
2. I 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, I may need to send part of your record to your third party payer. The type of health information I might send includes your name, other identifying information, diagnosis, treatment, and possibly a summary of your progress.
3. I 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 me 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.

Bash Psychotherapy Corporation may without your written permission release your health information for the purposes described below.

- **Business Associates:** I provide some services through other persons or companies that need access to your name or health information to carry out these services. The law refers to these persons or companies as Business Associates. An example of such an associate is my billing associate.
- **Law Enforcement Officials:** I 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. I 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 me which of your relatives or other persons may receive information about you. After learning who these persons are, I may, in my best judgement, 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, I may exercise my professional judgement 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 PHI is the physical property of Bash Psychotherapy Corporation; 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 Bash Psychotherapy Corporation 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 Bash Psychotherapy Corporation has release 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 discloser is allowed or required by law.

BASH PSYCHOTHERAPY CORPORATION’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
- Do what is required by this Notice or a Notice that is in effect at the time Bash Psychotherapy Corporation uses or discloses your health information
- Notify you if I am unable to agree to your requested restriction on disclosure of your health information
- Agree to reasonable requests to communicate your health information by an alternative method or at an alternative location

EFFECTIVE DATE, RESTRICTIONS, AND CHANGES TO PRIVACY POLICY

This notice went into effect on September 19,2021.

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