

Notice of Privacy Rights

This notice is a summary of how mental health records and information about you may be used and disclosed and how you can get access to this information. Your rights are established pursuant to HIPAA, the Illinois Mental Health and Developmental Disabilities Confidentiality Act, state and federal alcohol and substance abuse privacy laws and the exceptions provided therein. Please review it carefully.

Your Rights

- Inspect and obtain a copy of your paper or electronic mental health record. You have the right to inspect and obtain a copy of your paper or electronic mental health record. There are fees associated with obtaining paper or electronic copies of your mental health record, which are subject to change.
- Request amendment of your paper or electronic mental health record. You have the right to amend your protected health information that you think is incorrect or incomplete. Your requests may not be granted but you will be notified, in writing, within 60 days of the request, of the reason for denial.
- Request confidential communication. You have the right to request that confidential communications be made through alternate means, such as fax versus email or alternate locations such as alternate address or phone number.
- Request restrictions on certain uses and disclosures. You have the right to request restrictions on uses and disclosures of your medical information for the purposes of payment, treatment and healthcare operations. It is not required that we comply with your requests.
- Get a list (accounting) of those times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Obtain a copy of this Notice of Privacy Practices. We will provide you a copy of the current Notice of Privacy Practices if you request it.
- Choose someone to act for you. If you have given someone mental health power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you believe your privacy rights have been violated. You have the right to file a complaint with the Department of Financial and Professional Regulation, Division of Professional Regulation, Complaint Intake Unit
555 West Monroe Street, 5th Floor Chicago, IL 60661
Phone: 312-814-6910
There will be no retaliation for filing a complaint.



Phone: (618)- 705-0224

Email: jessica@wonecounselingservices.com

Website: <http://www.wonecounselingservices.com>

Your Choices

You have some choices in the way that we use and share information as we:

- We may not disclose any mental health records or information except as provided under HIPAA, the Illinois Mental Health and Developmental Disabilities Confidentiality Act, state and federal alcohol and substance abuse privacy laws and the exceptions provided therein.
- We may not tell any third party family and friends about your condition except as provided for in the above identified laws. For example: only pursuant to a valid subpoena, release of information, pursuant to the Abused and Neglected Child Reporting Act, and under certain other circumstances of imminent risk of harm.

Our Uses and Disclosures

We may use and disclose your information for the purposes described:

- Treatment.
- Operations
- Payment. We will use or disclose your protected mental health information, as needed, to obtain payment for your healthcare services.
- Help with public health and safety issues
- Research. We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html, and the Illinois Mental Health and Developmental Disabilities Confidentiality Act, state and federal alcohol and substance abuse privacy laws and the exceptions provided therein.
- Comply with the law. We may use or disclose your protected health information to the extent that the use or disclosure is required by law, but only to the extent and under the circumstances provided in such law.
- Work with medical examiners, funeral directors, or coroners. We may disclose your protected health information to coroners or medical examiners for identification purposes, determining cause of death or medical examiners to perform duties authorized by law.
- Address certain workers' compensation, law enforcement, and other government requests and subject to certain conditions
- Respond to lawsuits and legal actions



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- We may contract with business associates to do work directly for us related to your treatment; this may include billing, consultation, legal, and related business practices. In such circumstances, the business associate will be subject to a Business Associates Agreement which obligates any such associate to maintain privacy consistent with the state and federal requirements outlined herein.

Subject to certain exceptions, we can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website. The effective date of this notice is 04/12/2023.

The privacy official (or other privacy contact)
Wone Counseling Services, PLLC
618 705 0224