



## NOTICE OF PRIVACY PRACTICES

THE CENTERED LIFE, LLC TAKES GREAT PRIORITY IN PROTECTING THE PRIVACY OF OUR CLIENTS. TCL ONLY RELEASES INFORMATION ABOUT CLIENTS IN ACCORDANCE WITH STATE AND FEDERAL LAWS

PLEASE REVIEW THE INFORMATION BELOW CAREFULLY; IT DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

1. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

We use and disclose the *minimum necessary health information* about you, for the purposes of your treatment, payment for your services and for the practice's health care operations.

- a. **For Treatment:** TCL uses and discloses your health information internally. Examples of this may include: referrals within the practice or for supervision.
- b. **For Payment:** TCL may use and disclose your health information to obtain payment for services we provide to you, as described in the Service Agreement. TCL may need to provide minimum necessary information to your insurance provider for reimbursement.
- c. **For Health Care Operations:** TCL may use or disclose information about you within The Centered Life practice as part of our internal health care operations. Examples of this include: internal review of documentation for quality review.

2. INFORMATION DISCLOSED WITHOUT YOUR CONSENT

Under Illinois State law, information about you may be disclosed without your consent in the following circumstances:

- a. **Emergencies:** Sufficient information may be shared to address an immediate emergency you are facing.
- b. **Judicial & Administrative Proceedings:** TCL may disclose your PHI in the course of judicial or administrative proceedings, in response to a valid court order or other lawful purposes, including if you were to make a claim for workers compensation.
- c. **Duty to Warn/Protect:** If providers at TCL felt you were an immediate danger to yourself or others, we may disclose information about you to the authorities, as well as alert any other person who may be in danger.
- d. **Child/Elder Abuse:** TCL may disclose PHI about you related to the suspicion of child and/or elder abuse or neglect.
- e. **Criminal Activity or Danger to Others:** We may disclose information about you if a crime is committed on our premises, or against our personnel, or if we believe there is someone in immediate danger.
- f. **National Security, Intelligence Activities & Protective Services to the President and Others:** TCL may release information about you to authorize federal officials as authorized by law in order to protect the President or other national/international figures, or in cases of national security.
- g. **Health Oversight Activities:** TCL may disclose information about you to a health oversight agency for activities authorized by law. These activities might include activities/inspections and are necessary for the government to monitor the health care system and assure compliance with civil rights laws. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements. The minimum necessary information will be provided in these instances.
- h. **Business Associates:** TCL may disclose minimum necessary health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for these services. Examples of these are billing, finance or scheduling services we may use.
- i. **Scheduling Appointments:** TCL may use your phone number to call you and leave messages to schedule or remind you of scheduled appointments. You may request that TCL do not leave messages on your phone number.



3. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

- a. **Right to Inspect and Copy:** You have the right to look at or inspect your PHI, with limited exceptions. Your request must be in writing. If you request copies of your PHI, a reasonable charge may be made for costs incurred.
- b. **Right to Amend:** You have the right to request that we amend your health information. Your request must be in writing and it must explain the reason for the amendment. TCL has the right to deny your request under certain circumstances.
- c. **Right to an Accounting of Disclosures:** You have the right to receive a list of instances in which we have disclosed your PHI for a purpose other than treatment, payment, or health care operations. You must make your request in writing. Such disclosures will remain available for 6 years after your last date of service.
- d. **Right to Notification:** You have the right to, or will receive notification of breaches of unsecured PHI.
- e. **Right to Request Restrictions:** You have the right to restrict certain disclosures of PHI to a health insurance plan when you pay out of pocket in full for the services provided.
- f. **Right to Request Confidential Communications:** You have the right to request that TCL communicates with you about your health information in a certain way or a certain location. You must make this request in writing and specify in which way the communication will occur. We will make every attempt to accommodate reasonable requests.
- g. **Right to Obtain a Paper Copy of this Record:** You have the right to receive a paper copy of this notice and any amended notice upon request. Copies will be made by available by your treatment provider.

Any other uses or disclosures not set forth in the information above will be made ONLY with your written authorization. You may revoke authorization for release of information at any time. The revocation must be in writing and will be effective when it has been received by your treatment provider. The revocation will only be effective for disclosures not already made.

We reserve the right to make changes to our Privacy Policy provided such changes are permitted by applicable law. We will make new Privacy Policy copies available to our clients if changes are made.