

PATIENT RIGHTS

Access: You have the right to inspect health information, with limited exceptions. The request must be made in writing. You have the right to ask for copies of your health information, and may request that we provide copies in a format other than photocopies. Unless it is prohibitive, we will use the format requested. We will charge a reasonable cost-based fee that may include labor, copying costs and postage. If you request an alternative format, a cost-based fee will be charged for providing your health information in that format.

Amendment: You have the right to request that our office amend your health information for as long as our office keeps the information. The request must be in writing, and it must explain why we should amend the information. We may deny the request if our office did not create the information, the information is not part of the health information kept by our office, or the information is accurate and complete.

Disclosure Accounting: You have the right to request an "accounting of disclosures." Your request must be made in writing to the Privacy Officer, and it must state a specific time period. This time period may not be longer than six years and may not include dates before April 14, 2003.

Restriction: You have the right to request in writing additional restrictions or limitations on our use or disclosure of health information. We are not required to agree to these additional restrictions. However, we will comply with the request (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing, signed by a person authorized to make such an agreement on our behalf. The request is not binding unless our agreement is in writing.

Alternative Communication: You have the right to request that we communicate with you about health information by alternative means or to alternative locations. The request must be made in writing, and it must specify the alter

specify the alternative means or location. We will accommodate all reasonable requests.

We reserve the right to change our privacy practices and the terms of the privacy notice at any time, provided such applicable law permits the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health inform that we maintain, including health information that we created or received before we made the changes, as well as any information we receive in the future. Before we make a significant change in our privacy practices, we will change the notice of privacy practices and make the new notice available upon request.

QUESTIONS AND COMPLAINTS

You are entitled to a paper copy of this notice at any time. If you want more information about our privacy policy or have questions or concerns, please contact our privacy officer. If you believe your privacy rights have been violated, you may file a complaint in writing with the privacy officer or with the Secretary of the Department of Health and Human Services. A complaint form will be provided upon request.

You will not be penalized for filing a complaint.

Beginning July 1, 2011, FSC will be using a third party insurance billing service, Karebilling. Karebilling may call you in regard to billing issues. Any questions about bills received by FSC insurance clients should be referred to **Karebilling @ (708)448-8178**

Family Service Center
Of
Glenview, Kenilworth, Northbrook & Wilmette
3545 Lake Ave, Suite 200
Wilmette IL 60091-1058
(847)251-7350



NOTICE OF PRIVACY PRACTICE

To Our Clients:

The Family Service Center staff values our relationship with you. Your medical information health is confidential and FSC is committed to protecting this information.

The Health Insurance Portability and Accountability Act (HIPAA) has mandated the way healthcare providers use, disclose, and protect your health information. HIPAA is intended to safeguard confidential patient information, standardize electronic transactions, and simplify administrative tasks. Under this law, we are required to inform you of our privacy practices, our legal duties, and your rights concerning your health information. We have always respected your privacy rights, and are pleased to have this opportunity to share our privacy safeguards with our patients.

In accordance with HIPAA legislation, we are providing this notice to you to explain Family Service Center's privacy policy.

We welcome this opportunity to communicate with all our clients and to assure them of our profound commitment to their privacy. If you have any questions or comments regarding HIPAA or our privacy policy, please contact our office. We would be happy to talk with you.

Sincerely,

Robert J. Noone, Ph.D.
Executive Director

Sybil Appell
Privacy Officer

(847)251-7350

FAMILY SERVICE CENTER NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.
The privacy of your health information is important to us.**

We understand that medical information about you and your health is personal. We are committed to protecting your privacy. We create a record of the care and services you receive at our office in order to provide you with quality care and to comply with certain legal requirements. Federal and state law requires us to maintain the privacy of your health information. That law also requires us to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices we describe in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.



USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose your health information for treatment, payment, and health care operations. For example:

Treatment: We may use your health information for treatment or disclose it to a physician or other health care professional providing treatment for you.

Payment: We may use and disclose your health information to obtain payment for our services. We may also disclose your health information to another health care provider or entity that is subject to the federal Privacy Rules for its payment activities.

On Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.

Unless you give us a written authorization, we cannot use or disclose your health information for any reason.

Family and Friends: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for that health care. Such uses and disclosures will be made only with your permission if you are present, unless you are incapacitated or there is an emergency circumstance where we must exercise judgment.

Public Benefit: We may use and disclose your health information **without your authorization as permitted by law** for the following purposes deemed to be in the public interest or benefit:

- To report child abuse.
- To report adult abuse, neglect, or domestic violence.
- In response to court and administrative orders and other lawful processes.
- To law enforcement officials pursuant to subpoenas and other lawful processes, concern crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person
- To avert a serious threat to health or safety.