

## **Notice of Privacy Practice**

**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.**

I, Megan John, LCPC, LLC, understand that health information about you and your health care is personal. I am committed to protecting your health information. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. All information you share in-session is kept confidential, although diagnostic and appointment information may be shared with an insurance company you designate. This means the information you share will not be shared with anyone other than who you designate by written release of information. There are times, however, when I will be ethically and legally required to disclose information with or without your permission. This notice will tell you about the ways in which I may use and disclose health information about you. It also describes your rights to the health information I keep about you, and certain obligations I have regarding the use and disclosure of your health information.

### **Client Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **1. Get an electronic or paper copy of your medical record**

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. I can provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

#### **2. Ask me to correct your medical record**

You can ask me to correct health information about you that you think is incorrect or incomplete. I may say “no” to your request, but I will tell you why in writing within 60 days.

#### **3. Request confidential communications**

You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

#### **4. Ask me to limit what I use or share**

You can ask me not to use or share certain health information for treatment, payment, or our operations. I am not required to agree to your request, and I may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or our operations with your health insurer. I will say “yes” unless a law requires me to share that information.

#### **5. Get a list of those with whom I’ve shared information**

You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why. I 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). I'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.

#### **6. Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

#### **7. Choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.

#### **8. File a complaint if you feel your rights are violated**

You can complain if you feel I have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

### **Client Choices**

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, please talk to me. I will make every attempt to follow your instructions. You have both the right and choice to tell me:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if we believe it is in your best interest. **I may also share your information when needed to lessen a serious and imminent threat to health or safety.**

### **Other Uses and Disclosures**

I use or share your health information in the following ways:

- **Treat you:** I can use your health information and share it with other professionals who are treating you.
- **Run my organization:** I can use and share your health information to run my practice, improve your care, and contact you when necessary (i.e. appointment reminders).
- **Bill for your services:** I can use and share your health information to bill and get payment from health plans or other entities.

I am 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. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

I will never share your information for any of the following reasons:

- Marketing purposes
- Sale of your information
- Psychotherapy notes: I do keep “psychotherapy notes” as that term is defined in 45 CFR 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  - For my use in treating you
  - For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy
  - For my use in defending myself in legal proceedings instituted by you
  - For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA
  - Required by law, and the use or disclosure is limited to the requirements of such law
  - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes
  - Required by a coroner who is performing duties authorized by law
  - Required to help avert a serious threat to the health and safety of others.

## **USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION**

Subject to certain limitations in the law, I can use and disclose your PHI *without* your Authorization for the following reasons:

- **Help with public health and safety issues:** I can share health information about you for certain situations, such as:
  - Reporting suspected abuse, neglect, or domestic violence of a child, elderly person or disability individual.
  - Preventing or reducing a serious threat to anyone’s health or safety. This includes risk of serious and imminent harm to yourself or to someone else.
- **Research purposes:** I can use or share your information for health research.
- **Comply with the law:** I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I am complying with federal laws (i.e. audits and investigations).
- **Address workers’ compensation, law enforcement and other government requests:** I can use or share health information about you:
  - For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services.
  - To coroners or medical examiners when such individuals are performing duties authorized by the law.
  - Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States,

conducting intelligence or counter-intelligence operations, or helping to ensure the safety of those working within or house in correctional institutions.

- **Respond to lawsuits and legal actions:** I can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **My Responsibilities**

I am required by law to maintain the privacy and security of your protected health information.

- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. Let me know in writing if you change your mind. You may do this at any time. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **Changes to the terms of this notice**

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my web site.

### **DESIGNATED PRIVACY AND SECURITY OFFICER FOR THIS PRACTICE**

Megan John, LCPC, LLC is the designated Security Officer for this practice.

Megan John, LCPC, LLC is the designated Privacy Officer for this practice.

All privacy and security questions, requests, and concerns should be directed to Megan John, LCPC, LLC and she will be responsible for handling them. To contact Megan John, LCPC, LLC call 773-770-5970 or via email at [meganJohn@oaksavannacounseling.com](mailto:meganJohn@oaksavannacounseling.com).

### **EFFECTIVE DATE OF THIS NOTICE:**

This notice went into effect on May 28, 2020 and was updated on January 13, 2025.

By signing below, you agree to the above privacy practices and acknowledge that you have read and understand them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name