

Dr. Ralph Whetstine, Psy.D. & Associates, P.C.
dba Center for Conscious Counseling

HIPPA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This HIPPA privacy policy has been effect since April 14, 2003.

The Center for Conscious Counseling (CFCC) and our therapists respect your confidentiality and will only release medical information about you in accordance with Illinois and federal law and the ethics of the counseling profession.

This is the CFCC policy related to the use and disclosure of client healthcare information. Use and disclosure of protected health information (PHI) for the purposes of providing serves. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal law allow us to use and disclose your health information for these purposes. CFCC and our therapist's will disclose PHI in the following conditions:

Management or Coordination of Treatment We may use or disclose clinical information to provide, manage or coordinate care; for consultation; and provide a referral.

Payment CFCC will use and disclose health information to verify insurance and coverage, process claims and collect fees. CFCC uses a third party agency and an Electronic Health Record system to complete these tasks.

Healthcare Operations CFCC may use and disclose health information to review treatment procedures and business activities; it may also be used for certifications; staff training; compliance and licensing activities.

Other Disclosures Without Consent Under Illinois and federal law, information about you may be disclosed without your explicit written consent in the following circumstances:

Mandated Reporting and other required by law:

We are mandated reporters for suspected abuse or neglect: child abuse, elder abuse, or institutional abuse, and communicable diseases. We must also comply with a subpoena and court order.

Emergencies: Sufficient information may be shared to address an immediate emergency you are facing.

Criminal Damage, Activity or Danger to Others:

If a crime is committed on our premises or against

yourself, CFCC clinical providers may share information with law enforcement to assist as witnesses to what we believe to be true and what is needed. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

Scheduling: We may contact you to remind you of future appointments. In most cases you will be provided this information from your assigned therapist during your regularly scheduled session.

Treatment Alternatives: We may recommend and discuss with you treatment alternatives or adjunctive therapies. We may also contact you if you have withdrawn from regular attendance inviting you to schedule for closure and provide referrals and information on alternative treatment.

Additional Governmental Requirements: We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. We may also be required to share information, if requested, with the IL Dept. of Human Services to determine our compliance with federal laws related to health care.

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Client Rights Related to Privacy

You have the following rights under Illinois and federal law:

Right to where we contact you: You have the right to request and direct when and where CFCC can contact you. You may request that we send information to another address or by alternative means (i.e. courier, internet, fax, etc). We will honor such requests as long as it is reasonable and we are assured it is correct. However, you should be aware that email and fax transfer are unprotected methods of communication and your confidentiality could be compromised by using these methods of electronic transfer of data. We will provide these specific transfers of information as long as we have received a specific request from you in writing.

Right to release your medical records: You may consent in writing the release of your records to others, for any purpose you choose. This could include your attorney, employer, or others whom you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken based on your prior authorization on a date prior to you revoking consent.

Right to inspect and copy your medical records: You are entitled to inspect and copy case records only pertaining and generated about you. Your therapist may deny this request. And, we may charge you a reasonable fee for copying and mailing your record.

Right to add information or amend your medical records: If you believe that something in your record is incorrect or incomplete, you may request that we amend it. To do this, speak with your therapist or contact Dr. Ralph Whetstine and ask for a "Request to Amend Health Information" form. In certain cases, we may deny your request. If we deny your request for an amendment, you have a right to file a disagreement statement. We will then file our response. Your statement and our response will be added to your record.

Right to accounting of disclosures: You may request an accounting of any disclosures we have made related to your medical information within a six year time period. Except for information used for treatment, payment, or health care operation purposes or information that you have given specific consent to release. To gain information regarding disclosures made for a specific time period, please submit your request in

writing. We will notify you of the cost involved in preparing this list.

Right to request restriction on uses and disclosures of your healthcare information: You may ask us not to use or disclose part of the clinical information in your record. This request must be in writing. Your therapist of CFCC is not required to agree to your request, if he/she believes it is in your best interest to permit use and disclosure of the information (i.e., as in billing or in compliance with Illinois or federal laws).

Right to complain You have the right to complain and in no circumstance would there be retaliation from Dr. Whetstine, your therapist, or the Center for Conscious Counseling. Please, come to us first with your complaint or concern and we will do all in our power to correct and understand your complaint. If you are not satisfied, you have the right to complain to IHFS, IDHS, Medicare or your private insurance provider.

PRIVACY CONTACT PERSON

If you have any questions about this policy or your rights, you can contact Dr. Whetstine by email, phone or by mail:

Phone: 708-825-6108

Email: dralphw@gmail.com

Mail: 830 E. Higgins Rd., Ste. 104H
Schaumburg, IL 6017

Here for You



to Engage Life fully

Dr Ralph Whetstine, Psy.D. & Assoc, PC
dba Center for Conscious Counseling

830 E. Higgins Rd., Ste. 104H
Schaumburg, IL 60173
708-825-6108

Ralph Whetstine, Psy.D. and Assoc, PC
dba Center for Conscious Counseling

708-825-6108
830 E. Higgins Rd.
Ste. 104H
Schaumburg, IL 6017

I have received a copy of the HIPPA Notice of Privacy Practices of Dr. Ralph Whetstine, PsyD. And Assoc, Center for Conscious Counseling.

Client: _____
(18 and older) (Print) (Signature) Date

Client: _____
(12 to 17) (Print) (Signature) Date

Parent: _____
(client under age 18) (Print) (Signature) Date

Witness: _____
(Print) (Signature) Date

Witness Relationship to Client: _____