

## HIPAA Privacy Practices



RESOURCE MANAGEMENT SERVICES  
CHAPIN & RUSSELL ASSOCIATES

3020 W. Willow Knolls  
Peoria, IL 61614

**CHAPIN & RUSSELL  
ASSOCIATES**

Tel: 309-681-5652

Phone: 309-681-5652  
Fax: 309-681-5658  
E-mail: [contactus@rms4solutions.com](mailto:contactus@rms4solutions.com)

## Exceptions to Privacy Rights

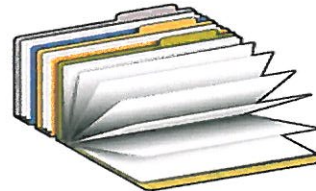
As previously noted, state and federal law require all therapists to disclose any immediate risk of harm to clients or others in situations that involve suspected child or elder abuse and threats of suicide or homicide. Before making such a disclosure, we will make every effort to first inform you of our concern and seek your cooperation in the necessary actions to guard your safety or the safety of another. Please note that should you object to our assessment or recommended action, our legal and ethical obligations still require us to make these disclosures even without your consent.

A further exception is legally granted to the federal Department of Health and Human Services. They are allowed, without your

consent, to review your records, should that be necessary in the enforcement of the laws that protect the privacy of your medical information.

Finally, other seldom used exceptions may also be health care fraud, services provided under authorization of worker's compensation benefits, disclosures made in application to a federally classified job, and legally mandated disclosure made in response to court orders or subpoenas by a duly appointed judge.

Thank you for taking the time to review our privacy practices. It is our hope that you are now better informed of your rights and limitations with respect to the treatment and disclosure of your medical information. If you have any further questions, please do not hesitate to ask your therapist for clarification.



## Purpose



The professional, support, and affiliated staff of our organization are specifically trained in the proper handling

and release of your private medical information. The following statement of privacy practices is intended to inform you of your legal rights and the limits of these rights as defined by state and federal law. Upon request you may obtain a copy of this notice. Should it become necessary to revise our privacy practices, such revisions will be posted in our waiting room and a copy of the revised notice can be made available to you upon your request.

### Privacy Officer

In order to assist you in understanding our privacy practices we have appointed Meghan Williams as our privacy officer. Meghan's role is to help you understand our privacy procedures, to answer any questions you may have, and to help solve any problems that might occur in the

treatment and release of your medical information. You may contact Meghan at (309) 681-5652.

### Rights to Privacy

You have the right to ask us to limit the inclusion of certain information in your personal record. We will inform you of the impact, if any, of such an omission on your treatment, insurance reimbursement or our facility operations. Should you, however, request us to withhold information that we are legally or ethically responsible to provide, we will explain our obligation and do all we can within our obligation to attend to your concern.

You have the right to request the type and direction of confidential communication that will be provided by us to you. For example, you may want your treatment bills sent to particular address or phone calls made to only one particular number. Please notify us if you have such a preference.

You have the right to inspect and obtain a copy of the information in your record. This request must be made in writing and is subject to a minimum retrieval and copying fee of \$60.00. Additional fees may be charged for the clinical hourly rate should records need clinical review by the counselor of record. The requesting party

must present a photo identification and needs to allow 48 hours for document retrieval. If you believe your record is inaccurate or incomplete you may make a written request that an amendment be made to your record. An amendment is granted only with sufficient supporting information.

You have the right to expect that no disclosure of your record can be made without your informed written consent. Although most disclosures are made with written consent, there are a few important exceptions. These include situations where a professional determines there may be immediate risk of harm to you or others, such as child or elder abuse, suicide, or threats of homicide. In these situations we are legally and ethically required to intervene, even without your written consent to prevent any future harm to you or others. Should such a disclosure be made, you retain the right to review the disclosure as well as all other previously authorized disclosures.

You also have the right to revoke in writing any previous authorization you made for the

release of your information. Please note that your revocation will not effect any disclosure already made before the revocation. Also, if the authorization was made to obtain insurance coverage, your insurer has the right to contest the claim and you may be financially responsible for payment.

Finally, you have the right to present any problems you may encounter with our privacy policy or staff procedures to our privacy officer, Meghan Williams. She will act to resolve the matter with you. Should you remain unsatisfied, you also have the right to present your concern to the Secretary of the Department of Health and Human Service. You are legally protected from any retaliation in doing so.



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