

## MARY H MCCORMICK LCSW NOTICE OF PRIVACY PRACTICES

### *Your Information. Your Rights. My Responsibilities.*

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.

#### *Your Rights*

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

- Get a copy of your Record. You can ask to see or get an electronic or paper copy of your medical records or other health information that I have about you. Sometimes I may deny your request. If I do, I will tell you in writing what my reasons are for the denial and how you can appeal the denial. I may charge you a reasonable fee for copying and mailing the documents you request.
- Ask me to correct your Record. You can ask me to correct your health records if you think they are incorrect or incomplete. You must make the request in writing to Mary H McCormick, LCSW. I may say “no” to your request, but I will tell you why within 60 days.
- Contacting you. You can ask me to contact you in a specific way. For example, you can ask that I contact you only by phone or e-mail. Put your directions in writing and give it to me. I can turn down the request, but I will always agree to it if it is reasonable.
- Ask me to limit what I use or share. You can ask me not to use or share certain health information. You can request a restriction by submitting your request in writing to me. I am not required to agree, and I can say “no” if it would affect your healthcare. However, if you pay for services wholly out-of-pocket, you can request that I not disclose information about that particular treatment to your health plan; I am required to honor that request.
- Get a list of those with whom I’ve shared information. You can ask for a list of the times I’ve shared your information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except those about treatment, payment or healthcare operations and certain other disclosures (such as any you ask me to make). Please send your request in writing to me. I will respond to your written request within 60 days of receiving it. I may need to charge you a reasonable fee for your request.
- 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. I will provide you a paper copy promptly.
- File a Complaint. You can complain if you feel I have violated your rights by informing Mary H McCormick, LCSW in writing. You may also file a complaint with the United States Secretary of Health and Human Services. I will not retaliate against you for filing a complaint.

#### *Your 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, talk to me. Tell me what you want me to do, and I will follow your instructions.

- Authorization to Release your Record. For certain health information, you can tell me your choices about what I share, for example, sharing information with your family, close friends, or others involved in your care. These disclosures of your health information will be made only with your written authorization, unless otherwise permitted or required by law. You may withdraw or cancel that permission, in writing, at any time. You understand that I am unable to take back any disclosures I have already made before you withdrew your permission.

- Marketing Purposes. I will never share your information for marketing purposes unless you give me written permission.
- Psychotherapy Notes. Should I have such notes, I will not share them without your written permission.

### *My Uses and Disclosures*

How do I typically use or share your health information? I typically use or share your health information in the following ways:

- Help manage the treatment you receive. I can share information about you to provide, coordinate, or manage your services and care.
- Pay for your services. I can share information in order to get paid for the treatment and services you received from Mary H McCormick, LCSW. For example, information provided in billing private insurance or Medicare.
- Run my practice. I can use some information about you to support my business. For example, evaluating the program you attend, training my staff, or when I am undergoing an audit. I am allowed to share your information in other ways-usually in ways that contribute to the public good.
- Emergencies. I can share information as needed to deal with an immediate emergency you are facing. For example, I may tell an ambulance crew what medications you're taking.
- Follow up Appointments/Care. I can contact you with reminders of future appointments (I will leave appointment information on your answering machine unless you tell me not to). I might also tell you about benefits available to you or give you health-related information you might want to know about.
- Court Order. I can share information about you in response to a court or administrative order, or in response to a subpoena.
- Abuse or Neglect. I am required to notify government authorities if I suspect abuse, neglect or domestic violence.
- Public Health and National Security. I may be required to disclose to government officials or military authorities health information necessary to complete an investigation related to public health or to national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of contagious diseases.
- Coroners, Medical Examiners or Funeral Directors. I must give health information to coroners, medical examiners, or funeral directors so that they can do their jobs.
- Organ and Tissue Donation. I can share your health information to organizations that are involved in organ or tissue donation.
- Research. I may share information for research purposes, but will approve research only if it has proven that when data is disclosed your health information will be kept private.
- Workers' Compensation. I may share your health information as necessary to comply with laws related to workers' compensation or other similar programs.
- Comply with the Law or When Required by Law. I may share your health information when required by law. For example, if a crime is committed on my property or against me, I may share information with law enforcement so they can catch the criminal. I may also call the police or sheriff when I think someone is in immediate danger.

### *My Responsibilities*

I am required by law to maintain the privacy of your health information in accordance with federal and state law.

- Protecting Your Confidential Information. Please be aware that state and other federal laws may have additional requirements that I must follow or may be more restrictive than HIPAA on how I use and

disclose your health information (such as those laws applicable to alcohol and drug abuse patient records (42 CFR Part 2) and mental health records (740 ILCS 110 et seq.)).

- When I release information, I will not release more information than necessary. I will not share or use information other than as described here unless you tell us we can in writing. If you tell me I can, you may change your mind at any time.
- Notifying you of a Breach. You have the right to be notified in the event that I discover there was a breach of your unsecured health information.

If you have any questions about this Notice, please contact Mary H McCormick, LCSW, Phone – 773-490- 7388. I reserve the right to change this Notice and my privacy practices based on the needs of Mary H McCormick, LCSW and changes in Illinois and Federal law. The new notice will be available upon request.

*Effective date: July 1, 2019*