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**Lori A. Jensen, Ph.D.**  
**Jensen Consulting Group**  
135 N Greenleaf, Suite 228, Gurnee, IL 60031  
330 E. Main St., Suite 219, Barrington, IL 60010

## **NOTICE OF HIPAA PRIVACY PRACTICES**

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**This notice describes how Personal Health Information (PHI) about you may be used and disclosed while under the care of Dr. Lori Jensen, Ph.D. It also describes how you can get access to your Personal Health Information.**

### **PLEASE REVIEW THIS NOTICE CAREFULLY**

#### **A. OUR COMMITMENT TO YOUR PRIVACY**

The confidentiality of your personal health information (PHI) is very important to us. Your health information includes records that we create and obtain when we provide you care, such as a record of your symptoms, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that we maintain related to your care. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at this time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to change the terms of this notice from time to time and that you may contact us at any time to obtain the most current copy of this notice.

#### **B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**Lori A. Jensen, Ph.D.**  
**Jensen Consulting Group**  
**135 N. Greenleaf, Suite 228**  
**Gurnee, IL 60031**  
**330 E. Main St., Suite 219**  
**Barrington, IL 60010**  
**224-633-3111**

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### **C. CONFIDENTIALITY**

***Protected Health Information (PHI) is defined as “any information, in any format, that could be used to identify you either in the past, present, or future.” You will be asked to sign an authorization before any Protected Health Information is released for any uses and disclosures not described in this Disclosure Form.*** What you talk about in therapy is also kept in confidence. By law, however, there are circumstances when the therapist must report information to the appropriate persons or agencies, for example: a) if you threaten grave bodily harm or death to yourself or someone else; b) if you reveal information about child or parental physical or sexual abuse; and c) if ordered by a court of law. If your therapy is court ordered, the results of treatment or tests must be revealed to the court. Also, in keeping with standard professional practice, your case records may be viewed by consultants, and accreditation reviewers for purposes of quality control. ***You also have the right to be notified if there is a breach of unsecured Protected Health Information. And you will be asked to sign an authorization before any Protected Health Information is released for any uses and disclosures not described in this Disclosure Form. If you pay the full therapy fee out of pocket you may be entitled to restrict certain disclosures of Protected Health Information to your insurance.***

### **D. WE MAY USE AND DISCLOSURE YOUR PERSONAL HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS**

The following categories describe the different ways in which we may use and disclose your PHI.

**1. Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have psychological tests, and we may use the results to help us reach a diagnosis. Additionally, we may need to disclose your PHI to others who may assist in your care, such as your family member or relative, close friend or any other person identified by you if they are involved in your care.

**2. Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment and health status to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members or insurance companies. Also, we may use your PHI to bill you directly for services and items.

**3. Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities.

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**4. Disclosures Required by Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

**E. USE AND DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

**1. Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Preventing or controlling disease
- Monitoring drugs or devices controlled by the Food and Drug Administration
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence)

**2. Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law.

**3. Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to discovery request, subpoena, or other legal process.

**4. Law Enforcement.** We may release PHI about you to law enforcement officials for law enforcement purposes:

- As required by law
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our facility offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- When information is requested about an actual or suspected victim of crime
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identify or location of the perpetrator)

**5. Worker's Compensation.** We may release PHI about you to comply with workers' compensation laws that provide benefits for work related injuries or illnesses.

**6. Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

**7. Organs and Tissue Donation.** Our practice may release your PHI to organ procurement organizations if you are an organ donor.

**8. Research.** Our practice may use and disclose your PHI for research purposes in certain limited circumstances.

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**9. Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.

**10. Disaster Relief.** Our practice may use or disclose your PHI to assist in disaster relief efforts. This will be done to notify family members or others of your location, general condition, or death in the event of a natural or man-made disaster.

**11. Military.** Our practice may disclose your PHI if you are member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**12. National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.

## **F. WHAT ARE A PATIENT'S RIGHTS UNDER HIPAA'S PRIVACY STANDARDS**

Patients have a right to receive a notice of the privacy practices of any health care Patients have a right to receive a notice of the privacy practices of any health care HIPAA stipulates the following patient's right under its privacy rule:

- Patients have a right to request restrictions on how their PHI is used and disclosed to carry out treatment, payment, and health care operations. We do not have to agree with these restricted restrictions. However if we do agree with your request, we are bound to comply with this restriction, except in the case of a medical emergency.
- Patients have a right to see their PHI and get a copy. You must submit your request in writing to Dr. Jensen. If you request a copy of your PHI we may charge you a fee for the costs of copying, summarizing or mailing it to you.
- Patients have a right to request that changes be made to correct errors in their records or to add information that has been omitted. You must submit your request for a change in writing to Dr. Jensen. We do not have to agree to your request. If we deny your request, you will be informed as to the reason(s) for the denial.
- Patients have a right to see a list of some of the disclosures that have been made of their PHI.
- Patients have a right to request that a health provider give special treatment to their PHI.
- Patients have a right to request confidential communications.
- Patients have the right to revoke their consent, in writing, at any time.
- Patients have a right to complain.

A health provider can disclose an individual's PHI without the patient's authorization if the disclosure deals with treatment, payment, operations, or if the information is mandated by law. Otherwise, for most other uses, the patient will need to authorize the provider to make the disclosure.

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**G. WHAT CAN A PATIENT DO IF HE/SHE FEELS HER HIPAA RIGHTS HAVE BEEN VIOLATED**

A patient has the right to submit a complaint if he believes that the health provider has:

- Improperly used or disclosed their PHI
- Concerns about their HIPAA Privacy policies
- Concerns about the provider's compliance of its privacy policies.

The patient may file the complaint with either of the following:

- Lori A. Jensen, Ph.D  
Jensen Consulting Group  
135 N. Greenleaf St., Suite 228  
Gurnee, IL 60031  
330 E. Main St., Suite 219,  
Barrington, IL 60010
- The US Department of Health and Human Services, Office of Civil Rights,  
[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).  
200 Independence Avenue, SW  
Washington, D.C. 20201