

Kathy A. Miller, LCPC • Mindfulness Matters P.C.
Lincolnshire • Chicago • Glenview

HIPAA Notice of Privacy Practices

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.

Effective date: April 14, 2003

This is your Health Information Privacy Notice from Mindfulness Matters, P.C. Please read it carefully. Mindfulness Matters, P.C. strongly believes in protecting the confidentiality and security of information we collect about you. This notice refers to Mindfulness Matters, P.C. by using the terms "us," "we," or "our."

This notice describes our policies related to the use and disclosure of your personal health information. Personal health information includes individually identifying information which relates to your past, present, or future health, treatment, or payment for health care services.

Providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes:

Treatment: We may need to use or disclose information about you to provide, manage, or coordinate your care or related services. Such disclosure may include consultants and/or potential referral sources.

Payment: Your information may be used or disclosed to verify insurance coverage and/or benefits with your insurance carrier, to process your claims, and for billing and collection purposes.

Healthcare Operations: We may need to use information about you to review our treatment procedures and business activities. Information may be used for certification, compliance, and licensing activities.

Other uses or disclosures of your information which do not require your consent:

Disclosures which give rise to a reasonable suspicion of child or elder abuse, neglect, or endangerment.

Disclosures which give rise to a determination by the therapist that disclosure is necessary to attempt to avert a risk of serious harm, death, or disease to you or others.

Information shared with law enforcement personnel in the investigation or trial of a homicide, or if a crime is committed on our premises or against our staff, or as otherwise required or permitted by law such as a subpoena/court order.

Disclosures to you, such as to reschedule appointments or treatment alternatives.

My signature below verifies that I received this notice on _____ (date).

Signature