



Splot Psychology, PLLC

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NOTICE OF OUR 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 THIS NOTICE CAREFULLY.

When you participate in services with Splot Psychology, a record of your client appointment is made. This record contains identifiable information about you that may relate to your past, present, or future physical or mental health condition. Such identifying information is referred to as Protected Health Information ("PHI"). The record is the property of Splot Psychology, but you have certain rights in the information contained in the record.

Your Privacy Generally

Your record is protected by both federal and state laws, including the Health Insurance Portability and Accountability Act ("HIPAA") and the Illinois Mental Health and Developmental Disabilities Confidentiality Act. As a general rule, we cannot disclose PHI from your records to third parties unless you (or other people entitled by law to give consent) first sign a written authorization, witnessed by someone who can identify you. The authorization must state to whom the disclosure is to be made, the purpose of the disclosure, the nature of the information to be disclosed, the right to inspect and copy the information to be disclosed, and the consequences of refusal to consent, if any. You may revoke the written authorization in writing, but the revocation will not affect uses or disclosures that have already taken place. Please make requests to revoke your authorization in writing, and mail to Kathryn Leskis, Ph.D., Splot Psychology, at 301 North Neil Street, Suite 404, Champaign, Illinois 61820.

In certain circumstances, the law permits us to use and disclose certain of your information without your written authorization. We describe those situations below.

Rights to Inspect and Copy

The following people are entitled to inspect and copy your record upon their request:

- You if you are 12 years of age or older.
- Your parent or guardian if you are under 12 years of age.
- Your parent or guardian if you are at least 12 but under 18 years if you are informed and do not object or if the clinician does not find compelling reasons for denying access.
- Your guardian if you are 18 years or older.

- Your attorney or guardian ad litem if you are a minor 12 years of age or older in any judicial or administrative proceeding, provided the court or hearing officer has entered an order granting the attorney this right.
- An agent authorized under your power of attorney for health care or for property.
- An attorney-in-fact appointed under the Mental Health Treatment Preference Declaration Act; or
- Any person in whose care and custody you have been placed under the Mental Health and Developmental Disabilities Code.

Any person entitled to access your record may submit a written statement concerning any disputed or new information and may request modification of any part of the record that they believe is incorrect or misleading.

Permitted Uses and Disclosures without Your Written Consent

In specific situations, the law permits us to use your information or disclose it to people other than those mentioned above without your written consent. Those situations include the following:

- We may disclose information if you are at risk of harming yourself or someone else or to report child or elder abuse, neglect, or financial exploitation.
- We may disclose information necessary to provide emergency medical care to you when you are unable to assert your rights.
- We may use, disclose, and re-disclose information, including for treatment and care coordination, to: (1) the clinicians and team members involved in providing your services; (2) records custodians; (3) business associates as defined and permitted by HIPAA; (4) persons acting under the supervision of the clinician; (5) persons reviewing the services being provided; and (6) the clinician attorneys concerning legal rights and duties involving the services being provided to you.
- We may disclose information to comply with government reporting mandated by law.
- We may disclose identifiable information necessary to a review for funding, accreditation, reimbursement or audit by a state or federal agency or accrediting body.
- We may disclose information for certain public health and government oversight activities.
- We may disclose de-identified information for purposes of licensure, statistical compilation, research or evaluation of the clinician or Splot Psychology.
- We may use and disclose information in connection with a health information exchange established in accordance with state law.
- We may disclose limited information to state agencies for the purpose of avoiding duplication of services.
- We may disclose information to the Institute for Juvenile Research and the Institute for the Study of Developmental Disabilities for purposes of research, education, and treatment.
- We may disclose information in connection with certain criminal investigations.
- We may disclose information in response to a court order.
- We may disclose information in certain situations involving civil, criminal, and administrative proceedings, including when your mental condition is an element of the claim, issue, or defense.
- We may disclose information as required by law for purposes of firearm ownership.
- If you are incapable of, or are not available to give consent, we may disclose certain information so that you can receive benefits.

- We may disclose information necessary to collect sums or receive payment for services provided to you.

Your Individual Rights

HIPAA provides you with certain rights regarding your PHI, including:

- You may request restrictions on certain uses and disclosures of your PHI, though we are not required to agree to your request.
- You generally have a right to see an accounting of our disclosures of your PHI that you have not authorized.
- You may request an amendment of your PHI for as long as we maintain your record. Your request and reasons must be in writing. We may deny your request.
- You may request and receive confidential communications of your PHI by alternative means and at alternative locations. For example, you may ask that we send information to another address.
- You may revoke your authorization for us to use or share PHI, except to the extent that we have already taken action.
- You have the right to inspect and copy your record except for information compiled for civil, criminal or administrative proceeding or in other limited circumstances.
- You are entitled to have any complaints you make about our policies and procedures recorded in your record.
- You may be entitled to be notified if there is a breach of unsecured PHI concerning you.
- You have the right to a paper copy of this Notice of Privacy Practices.

Our Duties Regarding this Notice

We must maintain the privacy of your PHI and provide you with and abide by this Notice. We reserve the right to change the terms of this Notice as needed, but if we make any material revisions, we will notify you by posting it on our website and by making the new Notice available in our office.

Complaints

You can complain if you feel we have violated your rights by contacting the HIPAA Privacy and Security Officer at hipaa@uillinois.edu or 844-341-2201. You also may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to the address below. We will not retaliate against you for filing a complaint.

Office for Civil Rights
200 Independence Avenue S.W.
Washington D.C 20530 0001

Effective Date

This Notice is effective on November 18, 2024