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Psychotherapy

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HIPAA Notice of Privacy Practices Statement

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

All information describing your mental health treatment and related health care services (“mental health information”) is personal, and we are committed to protecting the privacy of the personal and mental health information you disclose to us. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. When we disclose information to other persons and companies to perform services for us, we require them to protect your privacy, too. This Notice applies to your counselor, psychotherapist, psychiatrist and other health care professionals who provide care to you. We must also provide certain protections for information related to your medical diagnosis and treatment, including HIV/AIDS, and information about alcohol and other substance abuse. We are required to give you this Notice about our privacy practices, your rights, and our legal responsibilities.

WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION:

For **TREATMENT** we may give information about your psychological condition to other health care providers to facilitate your treatment, referrals or consultations.

For **PAYMENT** we may contact your insurer to verify what benefits you are eligible for, to obtain prior authorization, and to receive payment from your insurance carrier.

For **APPOINTMENTS AND SERVICES** to remind you of an appointment, or tell you about treatment alternatives or health related benefits or services.

WITH YOUR WRITTEN AUTHORIZATION we may use or disclose mental health information for purposes not described in this Notice only with your written authorization

WE MAY USE YOUR MENTAL HEALTH INFORMATION FOR OTHER PURPOSES WITHOUT YOUR WRITTEN AUTHORIZATION:

As **REQUIRED BY LAW** when required or authorized by other laws, such as the reporting of child abuse, elder abuse or dependent adult abuse.

For **HEALTH OVERSIGHT ACTIVITIES** to governmental, licensing, auditing, and accrediting agencies as authorized or required by law including audits; civil, administrative or criminal investigations; licensure or disciplinary actions; and monitoring of compliance with law.

In **JUDICIAL PROCEEDINGS** in response to court/administrative orders, subpoenas, discovery requests or other legal process.

To **PUBLIC HEALTH AUTHORITIES** to prevent or control communicable disease, injury or disability, or ensure the safety of drugs and medical devices.

To **LAW ENFORCEMENT** for example, to assist in an involuntary hospitalization process.

To **THE STATE LEGISLATIVE SENATE OR ASSEMBLY RULES COMMITTEES** for legislative investigations.

For **RESEARCH PURPOSES** subject to a special review process and the confidentiality requirements of state and federal law.

To **PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY** of an individual. We may notify the person, notify someone who could prevent the harm, or notify law enforcement officials.

To **PROTECT CERTAIN ELECTIVE OFFICERS** including the President, by notifying law enforcement officers of potential harm.