

**Envision Therapy, PLLC  
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 THIS NOTICE CAREFULLY.**

Envision Therapy, PLLC is committed to protecting the confidentiality of its patients' health information. Your medical record contains personal information about you and your health. This information, referred to as Protected Health Information ("PHI"), relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act and its implementing regulations ("HIPAA").

**Our Responsibilities**

We are required to (i) maintain the privacy of your health information as required by law; (ii) provide you with this Notice stating our legal duties and privacy practices with respect to your medical information; (iii) abide by the terms of this Notice; and (iv) notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

We reserve the right to change the terms of this Notice and to make the provisions of the new Notice effective for all medical information that we maintain. If we change the terms of this Notice, the revised Notice will be made available upon request and posted at our office. Copies of the current Notice may be obtained by contacting Envision Therapy.

**How We Use and Disclose Your Health Information**

- **Treatment** – We may use and disclose your PHI internally in the course of providing, coordinating, or managing your treatment and related services at Envision Therapy. This includes consultation with treatment team members.
- **Payment** - We may use and disclose your PHI so that we can receive payment for the treatment services provided to you. Examples of payment-related activities include: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, and reviewing services provided to you to determine medical necessity.
- **Health Care Operations** - We may use or disclose your PHI to run our practice and improve your care. For example, we may review your records to assure quality. We may also use your PHI to contact you to remind you that you have an appointment, to tell you about treatment alternatives, or other health care services that may benefit you.
- **Family and Friends** - We may disclose your PHI to a family member or friend who is involved in your medical care or to someone who helps pay for your care. We may also use or disclose your medical information to notify (or assist in notifying) a family member, legally authorized representative or other person responsible for your care, of your location, general condition or death. If you are a minor, we may release your medical information to your parents or legal guardians when we are permitted or required to do so under federal and applicable state law.

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- **Third Parties** - We may disclose your medical information to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement with them to safeguard your information. Examples of these third parties include, but are not limited to, accreditation agencies, quality assurance reviewers, collection agencies, and billing services.

**Uses and Disclosures without an Authorization**

Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations – usually in situations that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. The types of uses and disclosures that may be made without your authorization are listed below.

- **Required by Law** – We may disclose your health information to the extent required by law, this includes requests from the Department of Health and Human Services to determine our compliance with the federal privacy law.
- **Public Health Activities** – We may disclose your health information for public health activities. These activities generally include: to prevent or control disease, injury or disability; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; and to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Victims of Abuse, Neglect or Domestic Violence** – We may disclose your health information to report a reasonable belief of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when otherwise required by law to make the disclosure.
- **Health Oversight Activities** – We may disclose your health information for reporting to health oversight agencies for activities authorized by law such as audits, investigations and inspections.
- **Judicial and Administrative Proceedings** – We may disclose your health information to respond to a court, administrative order, or subpoena.
- **Law Enforcement** – We may disclose your health information to law enforcement in very limited circumstances, such as to identify or locate suspects, fugitives, witnesses or victims of a crime, to report deaths from a crime, and to report crimes that occur on our premises.
- **Disaster Relief Efforts** – We may use or disclose your medical information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless it would impede our ability to respond to emergency circumstances.
- **Coroners, Medical Examiners, and Funeral Directors** – We may disclose your health information to a coroner, medical examiner or funeral director when an individual dies.

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- **Organ and Tissue Donation** – We may disclose medical information consistent with applicable law to organizations that handle organ, eye or tissue donation or transplantation, only to the extent necessary to help facilitate organ or tissue donation or transplantation.
- **Research** – Under certain circumstances, we may also use and disclose information about you for research purposes. All research projects are subject to a special approval process through an appropriate committee.
- **Threat to Health and Safety** – We may use and disclose your health information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- **Military, Veterans, National Security and Other Government Purposes** – If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your medical information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.
- **Workers' Compensation** – We may disclose your medical information as authorized by law to comply with workers' compensation laws and other similar programs established by law.
- **Correctional Institutions** – If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official information necessary for the provision of health services to you, your health and safety, the health and safety of other individuals and law enforcement on the premises of the institution and the administration and maintenance of the safety, security and good order of the institution.

**Other Uses and Disclosures Require Your Authorization**

If we wish to use or disclose your medical information for a purpose not set forth in this Notice, we will seek your authorization. You may revoke an authorization in writing at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization:

- **Psychotherapy Notes** – We will not use or disclosure psychotherapy notes without your written authorization unless the use or disclosure is for the purpose of treatment; training; defending legal proceedings instituted by you; to avert a serious threat to the health and safety of others; or as otherwise required by law.
- **Marketing** – We will never share your information for marketing purposes unless you give us written authorization.
- **Sale of Information** – We will never sell your information without your written authorization.

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**Your Rights**

You have the following rights regarding your PHI. To exercise any of these rights, please submit your request in writing to Envision Therapy, PLLC.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request, and we may say no if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say yes unless a law requires us to share that information.
- **Right to Receive Confidential Communications.** You have the right to request that we contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set.” Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. If we deny your request for amendment we will provide you with a statement in writing within sixty (60) days explaining the reasoning.
- **Right to an Accounting of Disclosures.** You can ask for a list (accounting) of the times we’ve shared your health information. We will include all disclosures except those pertaining to treatment, payment, and health care operations, and certain other disclosures (such as any you ask us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you request additional accountings within a 12-month period.
- **Right to a Copy of this Notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**State Law**

We will not use or share your information if state law prohibits it. Some states have laws that are stricter than the federal privacy regulations, such as laws protecting HIV/AIDS information or

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mental health information. If a state law applies to us and is stricter or places limits on the ways we can use or share your health information, we will follow the state law.

**Questions, Concerns or Complaints**

If you have any questions or want more information about this Notice or how to exercise your health information rights, you may contact Envision Therapy's privacy official [insert name] by mail at: [insert address] or telephone at [insert phone number].

If you believe your privacy rights have been violated you may file a complaint by sending a letter to Envision Therapy at 900 N. Lakeshore Drive, Suite 200, Lake Bluff, IL 60044. You can also file a complaint with the Office for Civil Rights: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or OCRComplaint@hhs.gov. **We will not retaliate against you for filing a complaint.**

This Notice of Privacy Practices applies to Envision Therapy, PLLC.

Effective: [Insert effective date]

\* \* \*

By signing below I acknowledge that I have read, understand, and agree with the items contained in this document and that I have been offered a copy of Envision Therapy's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Client (Required for clients 12 years and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Representative  
(Required for clients 17 years or younger)

\_\_\_\_\_  
Date

If you are signing as a personal representative of an individual, please describe your authority to act for this individual (power of attorney, healthcare surrogate, etc.):

\_\_\_\_\_

\_\_\_\_\_  
Signature of Witness Attesting to Identity and Authority

\_\_\_\_\_  
Date