

Notice of Privacy Practices

Right to Privacy

Under the Health Insurance Portability and Accountability ACT of 1996 (HIPPA) and the Confidentiality Law 42 CFR part 2, your health information is protected. Under these laws, JMG Associates, LLC may not inform others that you attend counseling or use or disclose other protected health information (PHI) except at permitted and/or required by law. Health care providers are also required to give you notice about their privacy practices, legal duties, and your rights concerning your treatment information. JMG Associates, LLC must follow the privacy practices that are described herein. JMG Associates, LLC reserves the right to change privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. You may request a copy of the notice at any time.

Use and Disclosures of Treatment Information

JMG Associates, LLC will use information about your health care to provide you with treatment, to arrange payment for services, and in conjunction with other health care providers, organizations, and professionals as applicable. The information privacy practices in this notice will be followed by any associate involved in your care and any business associate with whom JMG Associates, LLC shares health information.

Consent is not always required for use and disclosure of protected health information. Such incidences where consent is not required include;

- to bill and collect payment for the treatment and services provided from billing companies, claims processing companies, and other entities that process claims.
- Legal proceedings may require disclosure of information in response to a court or administrative order, subpoena, discovery request, or other lawful process under certain circumstances.
- In cases of emergency and if you are unable to give or refuse consent, I will share only the information that is immediately necessary for obtaining emergency services for you in accordance with my best professional judgment.
- If there is a situation of danger to self or others, JMG Associates, LLC may be required to notify the intended victim and/or law enforcement officials and the IL FOID Mental Health Reporting System.
- If there is a case of suspected child or elder abuse I am required to notify state and legal authorities.
- When a crime is committed by a client of JMG Associates, LLC, or against any person who works for JMG Associates, LLC or a threat to commit such crime exists.

Your treatment information will not be disclosed if that disclosure is prohibited or significantly limited by other applicable law. No more than the necessary information to accomplish the given purpose will be disclosed.

JMG Associates, LLC will also use your phone number and/or email address for the purposes of scheduling or providing general professional resources.

Your Health Information Rights

Under HIPPA you have the right to;

- inspect or copy treatment information that may be used to make decisions about your care with limited exceptions. You must make a request in writing by sending a letter to me at one of the addresses above.
- You may request restrictions on uses and disclosures of your treatment information for the purposes of treatment, payment, or healthcare operations. JMG Associates, LLC is not required to agree to your

request. If I do agree with the request, I will comply with it except to the extent that disclosure has already occurred or in a medical emergency. You must make a request in writing by sending a letter to JMG Associates at the address listed above.

- to inspect and copy your own health information maintained by JMG Associates, LLC except to the extent that the information contains psychotherapy notes or information compiled for the use in a civil, criminal, or administrative proceeding or in other limited circumstances. Such requests must be made in writing. A fee may be imposed for copying documents.
- you also may request that your health care information be amended. Your request must be in writing and it must explain why the information should be changed. JMG Associates, LLC may deny your request, and if so will provide a written explanation.
- you also have the right to request a list of instances in which I disclosed your information for purposes other than treatment, payment, or those disclosures you have authorized in writing.
- you also have the right to request that I contact you by alternative means or at alternative locations. For instance, you may ask that we contact you at work. You must inform me in writing that alternative means are required.
- receive a paper copy of this Notice and any amended Notices upon request

Questions and Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services, Office of Civil Rights, 200 Independence Ave., S.W., Washington, DC 20201 (1-877-696-6775).

Acknowledgement of Receipt of Notice of Privacy Practices & Consent to Receive Therapeutic Services

By signing this form, you acknowledge that you have received the Notice of Privacy Practices from JMG Associates, LLC. This notice provides information about the ways in which I may use and disclose your protected health information.

The Notice of Privacy Practices is subject to change. You may ask for a copy of the current notice, either in person or by contacting us at the number or addresses above.

By signing, you acknowledge having read, understood and accepted all of the terms and information provided in the service agreement.

I am making an informed choice to consent to therapy and have been offered an opportunity to ask questions for any clarification and have received a copy of this notice.