



# NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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## **I. Effective Date and Scope**

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**Effective Date of this Notice:** March 24, 2026

This Notice of Privacy Practices applies to Healing Place PLLC (formerly Healing Place LLC) ("the Practice"). It is intended to describe your rights and our duties regarding your Protected Health Information ("PHI") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and applicable, more stringent Illinois confidentiality laws.

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## **II. Our Commitment to Your Privacy**

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The Practice is committed to protecting the privacy and security of your health information. We are required by law, including HIPAA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/), to maintain the privacy of your PHI. We are also required to provide you with this Notice detailing our legal duties and privacy practices and to abide by the terms of the Notice currently in effect. Where Illinois law provides greater privacy protection than HIPAA, the Practice will follow the more protective state law. This Notice explains your rights regarding your PHI and how the Practice may use and disclose your information.

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## **III. Individual Rights Under HIPAA and State Law**

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You have the following rights regarding the PHI we maintain about you. All requests to exercise these rights must be submitted in writing to our Privacy Officer.

### **Right to Inspect and Copy**

You have the right to request, inspect, and obtain an electronic or paper copy of your health and billing records. The Practice will provide a copy or a summary of your health information, usually within thirty (30) days of your request. We may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request. In certain limited circumstances, we may deny your request to inspect and copy your records; if you are denied access, you may have the right to have this denial reviewed.

## **Right to Amend**

If you believe that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. The Practice will respond to your request within sixty (60) days. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that is accurate and complete, was not created by us, or is not part of the information you are permitted to inspect. If we deny your request, we will provide a written explanation.

## **Right to Request Confidential Communications**

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests.

## **Right to Request Restrictions**

You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request, except in cases where you have paid for a service or health care item out-of-pocket in full. In such cases, you may request that we not share information about that specific service with your health insurer for the purposes of payment or our operations, and we must honor that request.

## **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures," which is a list of the times we have shared your PHI for six years prior to the date you ask, who we shared it with, and why. This list will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## **Right to a Copy of This Notice**

You have the right to a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.

## **Right to Choose a Representative**

If you have given someone medical power of attorney or if someone is your court-appointed legal guardian, that person can exercise your rights and make choices about your health information. We will ensure the person has this authority and can act for you before we take any action.

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## **IV. How We May Use and Disclose Your Protected Health Information (PHI)**

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For purposes of treatment, payment, and health care operations, the Practice may use and disclose your PHI without your written authorization.

### **For Treatment**

We may use and share your PHI with other health care professionals who are involved in your care to provide, coordinate, or manage your health care and related services. This may include consultations with other providers or referrals to other specialists.

## For Payment

We may use and share your PHI to bill and obtain payment for the services you receive. This may involve disclosures to your health insurance plan to determine eligibility or coverage and to obtain reimbursement for your care.

## For Health Care Operations

We may use and share your PHI to support our business activities. These activities include, but are not limited to, quality assessment and improvement activities, training and supervision of staff, licensing, and conducting or arranging for other business functions.

## Appointment Reminders and Treatment Alternatives

We may use your PHI to contact you with appointment reminders or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

## Disclosures Requiring Your Written Authorization

All other uses and disclosures of PHI not described in this Notice will be made only with your express written permission, known as an "authorization." Specifically, we must obtain your authorization for most uses and disclosures of the following:

- **Psychotherapy Notes:** These are the detailed notes recorded by a mental health professional during a counseling session, which are kept separate from the rest of your medical record and are subject to stricter protections.
- **Marketing Purposes:** We will not use or disclose your PHI for marketing purposes without your prior authorization.
- **Sale of PHI:** We will not sell your PHI without your authorization. A "sale" includes any disclosure where the Practice directly or indirectly receives remuneration in exchange for the PHI.

For any voluntary disclosure of your records to a third party (e.g., another provider, an attorney, or a family member), the Practice will use a separate "Authorization for Release of Information" form. You have the right to revoke any authorization in writing at any time. A revocation will not affect any disclosures already made in reliance on your prior authorization.

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## V. Illinois-Specific Confidentiality Overlay (Mental Health, HIV, and Other Protected Categories)

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While HIPAA provides a federal floor for privacy protections, Illinois law often provides stricter confidentiality rules that are not preempted by HIPAA. The Practice is obligated to comply with these more stringent state laws.

Certain categories of health information receive heightened protection under Illinois law, including but not limited to:

- **Mental Health Records**, which are governed by the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/); and
- **HIV/AIDS-Related Information**, which is governed by the Illinois AIDS Confidentiality Act (410 ILCS 305/).

For these and other specially protected categories of information, Illinois law may further restrict disclosures that would otherwise be permitted under HIPAA, such as disclosures for law enforcement purposes, to avert a serious threat to safety, or in response to legal proceedings.

**Important Notice Regarding Subpoenas and Court Orders:** For records subject to these heightened Illinois protections, a subpoena by itself **is not sufficient** to compel disclosure. The Practice will not disclose mental health, HIV-related, or other specially protected records in response to a subpoena unless it is accompanied by either:

1. A valid, specific written authorization from you that complies with the requirements of Illinois law; or
2. A court order that strictly complies with the procedural and substantive requirements of the applicable Illinois statute (e.g., 740 ILCS 110/10 for mental health records).

In all cases, the Practice will follow the law that provides the greatest protection for your privacy.

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## **VI. Subpoenas, Court Orders, and Judicial/Administrative Process**

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Should the Practice receive a subpoena, discovery request, or other lawful process that is not accompanied by a court order, we may disclose PHI only after receiving satisfactory assurances that the party seeking the information has made a good-faith attempt to provide you with written notice of the request, or that they have secured a qualified protective order. We may also disclose your PHI in response to a direct order from a court or administrative tribunal, provided that the disclosure is limited to the information expressly authorized by such order.

As stated previously, for information subject to heightened protections under Illinois law, such as mental health and HIV-related records, we will not disclose such information in response to a subpoena alone. We will require either your valid written authorization or a court order that strictly complies with the specific requirements of the applicable Illinois confidentiality statute before any disclosure is made.

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## **VII. Telehealth and Electronic Communications**

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The Practice may provide clinical services using telehealth technologies, including interactive video and audio communications. These sessions, along with other electronic communications such as emails or patient portal messages, create, receive, and transmit your PHI in electronic form. The Practice employs reasonable and appropriate administrative, physical, and technical safeguards, such as using HIPAA-compliant platforms for telehealth, to protect the privacy and security of your electronic PHI.

However, the security of electronic communications can be compromised. You are responsible for helping protect your own privacy by taking steps such as:

- Conducting telehealth sessions from a private and secure location;
- Using a secure internet connection and a password-protected device; and
- Not sharing your login credentials for any patient portal or telehealth platform.

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## **VIII. Breach Notification, Security Practices, and Patient Responsibilities**

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The Practice is required by law to maintain the privacy and security of your PHI and to notify you following a breach of your unsecured PHI. A breach is generally defined as an impermissible use or disclosure under HIPAA that compromises the security or privacy of PHI. In the event of a breach, we will provide written notification to you without unreasonable delay, which will include a description of what happened, the types of information involved, and steps you can take to protect yourself.

We implement and maintain reasonable security measures to protect your information, but no system is infallible. You can assist in protecting your PHI by safeguarding any passwords or access codes for our systems, promptly notifying us of any suspected security issues, and ensuring that any communications you send to us are transmitted securely.

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## **IX. How to File a Complaint / Contact the Privacy Officer**

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If you believe your privacy rights have been violated, you have the right to file a complaint. You will not be retaliated against for filing a complaint.

**To file a complaint with the Practice, please contact our Privacy Officer:**

**Name:** Lorraine Guerrero Neumayer, MSW, LCSW, CADC, PEL

**Title:** Privacy Officer

**Address:** 81 North Chicago Street, Suite 204, Joliet, Illinois 60432

**Phone:** (815) 735-3380

**Email:** admin@lorrainelcsw.com

**To file a complaint with the U.S. Department of Health and Human Services:**

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling (877) 696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

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## **X. Notice Distribution, Posting, and Acknowledgment Procedures**

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Healing Place PLLC (formerly Healing Place LLC) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of these characteristics.

The Practice provides free language assistance services to people whose primary language is not English. If you need these services, please contact us at (815) 735-3380.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (815) 735-3380.

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## **XI. Miscellaneous Legal Notices and Limitations**

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This document is a "Notice of Privacy Practices" required by federal law; it is not a contract. Your receipt of this Notice does not create any contractual rights or obligations between you and the Practice. Your signature on the acknowledgment form confirms receipt of this Notice and that you have had an opportunity to review it; it does not signify your agreement to its terms or constitute consent for uses and disclosures of your PHI that require a separate written authorization.

As described throughout this Notice, the Practice is required to abide by its terms, but reserves the right to change its privacy practices and the terms of this Notice at any time.