



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 IT CAREFULLY.

I. Effective Date and Scope

Effective Date of this Notice: April 1, 2026

This Notice of Privacy Practices applies to Healing Place PLLC ("the Practice"). It describes your rights and our duties regarding your Protected Health Information ("PHI") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the HITECH Act, and applicable, more stringent Illinois confidentiality laws, including the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/) ("MHDDCA"), the Illinois AIDS Confidentiality Act (410 ILCS 305/), the Illinois Genetic Information Privacy Act (410 ILCS 513/), and only if and to the extent applicable to your services federal substance use disorder confidentiality regulations (42 C.F.R. Part 2).

II. Our Commitment to Your Privacy

The Practice is committed to protecting the privacy and security of your health information. We are required by law to maintain the privacy of your PHI, provide you with this Notice detailing our legal duties and privacy practices, and abide by the terms of the Notice currently in effect. **Where Illinois law (including the MHDDCA and the AIDS Confidentiality Act) or, if applicable to your services, federal Part 2 regulations provides greater privacy protection than HIPAA for a particular category of information, the Practice will follow the more protective law as to that category.**

III. Individual Rights Under HIPAA and State Law

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 act on your request within thirty (30) days of receipt; if we are unable to do so within that period, we will provide you with written notice explaining the reason for the delay and will act within one additional thirty (30) day period. We may charge a reasonable, cost-based fee for 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. Access to psychotherapy notes, records related to another person where disclosure could cause harm, or records subject to certain legal proceedings may be limited as permitted by law.

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 the information 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 and you may submit a statement of disagreement.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters by alternative means or at alternative locations (for example, by mail only, or only to your work number). **We will accommodate 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 that, consistent with 45 C.F.R. § 164.522(a)(1)(vi), we must agree to restrict disclosure of PHI to a health plan for the purpose of carrying out payment or health care operations if the disclosure relates solely to a service or item you have paid for out-of-pocket in full.

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 the six (6) years prior to the date you ask, who we shared it with, and why. The list will exclude disclosures for treatment, payment, or health care operations, disclosures you specifically authorized, and certain other categories excluded by law. We will provide one accounting per twelve-month period free of charge and may charge a reasonable, cost-based fee for additional accountings within that period, after notifying you of the cost and providing an opportunity to withdraw or modify your request.

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 may exercise your rights and make choices about your health information. We will verify the person has this authority before acting on their requests. Nothing in this paragraph overrides the rights of a minor who has independently consented to services under Illinois law (see the Right of Minors Who Independently Consent paragraph below).

Right of Minors Who Independently Consent: Where a minor twelve (12) years of age or older independently consents to outpatient counseling or psychotherapy under 405 ILCS 5/3-550, or consents to substance use disorder counseling or treatment under 410 ILCS 210/4, that minor may exercise the rights in this Section as to the services they independently consented to, and the Practice will not disclose information about those services to a parent or guardian except as permitted by the applicable statute.

Right to Notification of a Breach: You have the right to be notified in the event of a breach of your unsecured PHI, as described in Section VIII below.

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

For purposes of treatment, payment, and health care operations, the Practice may use and disclose your PHI without your written authorization, subject to the heightened Illinois and federal protections described in Section V.

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. This includes disclosures to other therapists or supervisory personnel within the Practice for peer consultation, clinical supervision, and continuity-of-care purposes, consistent with 740 ILCS 110/9. Disclosures of mental health information to providers outside the

Practice are governed by the MHDDCA and generally require your written authorization except as specifically permitted by that Act.

For Payment: We may use and share your PHI to bill and obtain payment for services, including disclosures to your health plan to determine eligibility, obtain preauthorization, and secure reimbursement. Disclosures of mental health information for payment are limited to the minimum necessary and are governed by the MHDDCA.

For Health Care Operations: We may use and share your PHI to support our business activities, including quality assessment, staff training and supervision, licensing, credentialing, and audit.

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 services that may be of interest to you. You may opt out of these communications at any time.

Electronic Communications: If you provide a mobile number or email address, the Practice may contact you by those channels for appointments, billing, and other administrative matters. Email and text are not secure, and the Practice will not send clinical information — including session content, diagnosis, or treatment details — by email or text. Clinical communications occur through the secure patient portal, by telephone, or in session. Standard message and data rates may apply. You may opt out of texts by replying STOP, or of other electronic communications by written notice to the Practice.

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 authorization. In particular, we must obtain your authorization before using or disclosing:

- **Psychotherapy Notes:** 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 under both HIPAA and the MHDDCA.
- **Marketing Purposes:** PHI as defined by 45 C.F.R. § 164.501.
- **Sale of PHI:** Meaning any disclosure where the Practice receives remuneration in exchange for the PHI.

For any voluntary disclosure of your records to a third party (for example, another provider, an attorney, a school, or a family member), the Practice will use a separate Authorization for Release of Information form that complies with the MHDDCA and, where applicable, other governing law. You have the right to revoke any authorization in writing at any time, except to the extent the Practice has already acted in reliance on it.

V. Illinois-Specific Confidentiality Overlay (Mental Health, HIV, Genetic Information, and — If Applicable — Substance Use Disorder)

Application of More Protective Law: HIPAA does not preempt state laws that provide more stringent privacy protection. Where the MHDDCA, the Illinois AIDS Confidentiality Act, the Illinois Genetic Information Privacy Act, or other applicable Illinois or federal law provides greater protection than HIPAA for a particular category of information, the Practice will follow the more protective law as to that category.

The following categories of information receive heightened protection:

- **Mental Health Records,** governed by the MHDDCA (740 ILCS 110/). The MHDDCA is more protective than HIPAA as to most disclosures and generally requires your written consent satisfying 740 ILCS 110/5, except where a specific statutory exception applies.
- **HIV/AIDS-Related Information,** governed by the Illinois AIDS Confidentiality Act (410 ILCS 305/), which imposes specific written-consent, redisclosure, and legal-process requirements.

- **Genetic Information**, governed by the Illinois Genetic Information Privacy Act (410 ILCS 513/).
- **Substance Use Disorder Information**: The Practice is not a "Part 2 program" as defined in 42 C.F.R. § 2.11. Substance use disorder information you share with the Practice in the course of mental health treatment is protected under HIPAA and the MHDDCA. If your services ever include SUD treatment in a Part 2 program context, you will receive a separate Part 2 notice meeting the content requirements of 42 C.F.R. § 2.22 at that time.

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

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

Heightened Illinois Protections Control: For mental health records governed by the MHDDCA, HIV-related records governed by the AIDS Confidentiality Act, and — where applicable — substance use disorder records governed by 42 C.F.R. Part 2, **a subpoena by itself is not sufficient to compel disclosure**. The Practice will not disclose records protected by the MHDDCA in response to a subpoena, discovery request, or similar legal process unless accompanied by either:

1. A valid written authorization from you that satisfies 740 ILCS 110/5; or
2. A court order that satisfies the procedural and substantive requirements of 740 ILCS 110/10 for the specific information sought.

The Practice will not disclose HIV/AIDS-related information except as permitted by the Illinois AIDS Confidentiality Act (410 ILCS 305/). Where Part 2 applies, the Practice will not disclose Part 2-protected records except pursuant to a Part 2-compliant written consent or a court order that satisfies 42 C.F.R. §§ 2.61 through 2.67.

General Legal Process: For PHI not subject to the heightened protections above, the Practice may disclose records in response to a subpoena, discovery request, or other lawful process only after receiving satisfactory assurances that the requesting party has made a good-faith attempt to notify you or has obtained a qualified protective order, or in response to a court order limited to the information expressly authorized by that order.

Rule of Construction: Nothing in this Section VI shall be construed to override the heightened protections for mental health, HIV-related, genetic, or — where applicable — Part 2-protected records. In all cases, the Practice will follow the law that provides the greatest protection for your privacy

VII. Exceptions to Confidentiality (Illinois-Specific)

Under Illinois law, the Practice may or must disclose PHI without your authorization in the following limited circumstances:

Duty to Warn or Protect (740 ILCS 110/11): When, in the therapist's professional judgment, disclosure is necessary to protect against a clear and present danger of serious physical harm to an identifiable individual, consistent with the MHDDCA.

Child Abuse or Neglect (Abused and Neglected Child Reporting Act, 325 ILCS 5/): When the therapist, in a professional capacity, has reasonable cause to believe a child may be abused or neglected.

Adult Abuse, Neglect, or Financial Exploitation (Adult Protective Services Act, 320 ILCS 20/): When the therapist has reasonable cause to believe an eligible adult age 60 or older, or an adult age 18–59 with a disability, has been abused, neglected, or financially exploited.

Medical Emergency: When necessary for your immediate medical treatment.

Defense of Claims: When you initiate a complaint or legal action against the Practice, to the extent reasonably necessary to defend the action.

Court-Ordered Treatment: When you are receiving services under court order or as a condition of probation, parole, or similar mandate, to the extent required.

Civil Commitment and Involuntary Treatment Proceedings: When necessary to initiate or participate in proceedings under the Illinois Mental Health Code (405 ILCS 5/).

VIII. Breach Notification, Security Practices, and Patient Responsibilities

The Practice is required by law to maintain the privacy and security of your PHI and to notify you following a breach of unsecured PHI. Consistent with 45 C.F.R. § 164.404, we will provide written notification to you **without unreasonable delay and in no case later than sixty (60) days** after discovery of the breach. The notification will include a description of what happened, the types of information involved, steps we are taking in response, and steps you can take to protect yourself. Additional notifications to HHS, and in some circumstances to media, will be made when required by 45 C.F.R. §§ 164.406 and 164.408.

The Practice has designated a Privacy Officer and a Security Officer (who may be the same individual) responsible for HIPAA Privacy and Security Rule compliance. The Practice implements reasonable administrative, physical, and technical safeguards to protect your information.

IX. Nondiscrimination, Language Assistance, and Accessibility (ACA § 1557)

Healing Place PLLC complies with applicable federal and Illinois civil rights laws, including Section 1557 of the Affordable Care Act (45 C.F.R. Part 92), Title III of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the Illinois Human Rights Act. The Practice does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other protected characteristic.

Language Assistance: Free language assistance services — including qualified interpreters and translated materials — are available to individuals whose primary language is not English.

Auxiliary Aids and Services: Free auxiliary aids and services are available to individuals with disabilities to ensure effective communication, including qualified sign language interpreters, written materials in alternative formats, and other aids as needed.

How to Request: To request language assistance, an auxiliary aid, a disability accommodation, or accessible materials, please contact the Practice's Civil Rights Coordinator using the contact information in Section XI. Requests should be made as far in advance as reasonably possible; the Practice will respond promptly and at no cost to you.

Grievances: If you believe the Practice has failed to provide these services or has discriminated in any way, you may file a grievance in writing with the Civil Rights Coordinator identified in Section XI. You may also file a civil

rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights: Mail: 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201 Phone: (800) 368-1019 (TDD: (800) 537-7697) Web: www.hhs.gov/ocr/privacy/hipaa/complaints/.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (815) 855-2121.

X. Telehealth and Electronic Communications

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 uses platforms intended to support HIPAA compliance under signed Business Associate Agreements and employs reasonable and appropriate administrative, physical, and technical safeguards to protect the privacy and security of your electronic PHI. No platform, configuration, or safeguard can guarantee absolute security.

You are responsible for helping protect your own privacy by 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.

XI. How to File a Complaint / Contact the Privacy Officer and Civil Rights Coordinator

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.**

Privacy Officer and Security Officer (for HIPAA and privacy/security matters): Name: Lorraine Guerrero Neumayer, MSW, LCSW, CADC, PEL Title: Privacy Officer / Security Officer Address: 81 North Chicago Street, Suite 204, Joliet, Illinois 60432 Phone: (815) 855-2121 Email: admin@lorrainelcsw.com.

Civil Rights Coordinator (for nondiscrimination, language assistance, and ACA § 1557 matters): Name: Lorraine Guerrero Neumayer, MSW, LCSW, CADC, PEL Title: Civil Rights Coordinator Address and contact: same as above.

Billing Contact / Practice Administrator (for billing questions and disputes): See the Client Financial Responsibility Agreement for routing of billing matters.

U.S. Department of Health and Human Services, Office for Civil Rights: Mail: 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201 Phone: (800) 368-1019 (TDD: (800) 537-7697) Web: www.hhs.gov/ocr/privacy/hipaa/complaints/.

XII. Changes to This Notice; Availability

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 only that you received this Notice and had an opportunity to review it; it does not signify your agreement to its terms, does not constitute consent for uses and disclosures that require a separate written authorization, and does not constitute consent to treatment.

The Practice is required to abide by the terms of this Notice currently in effect. **The Practice reserves the right to change the terms of this Notice at any time, and to make the revised terms effective for all Protected Health Information that the Practice maintains, including PHI created or received before the effective date of the revision.** When the Notice is revised, the Practice will: (a) post the revised Notice prominently at its service location(s); (b) post the revised Notice on its website (if any); (c) make paper copies available upon request; and (d) provide the revised Notice to current clients at or before their next scheduled service, by mail, secure electronic message, or in person. You may request a copy of the current Notice at any time.

XIII. Electronic Signature; Acknowledgment of Receipt of Notice of Privacy Practices

Electronic Signature: If I sign this acknowledgment electronically (for example, by typing my name, checking a box, or using an electronic signature platform), I agree that my electronic signature has the same legal effect as my handwritten signature, consistent with the federal Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001 et seq.) and the Illinois Uniform Electronic Transactions Act (815 ILCS 333/).

BY SIGNING BELOW, I acknowledge that I have received a copy of this Notice of Privacy Practices. I have had an opportunity to read it and to ask questions about the Practice's privacy practices and my rights regarding my Protected Health Information. **I understand that this acknowledgment is not a consent to treatment, not an authorization for any use or disclosure that requires a separate written authorization, and not a contract.**

Client's Printed Name

Date of Birth

Client Signature (or Minor Client, age 12+)

Date

Parent/Guardian Attestation (if Minor Client, ages 0-17): **BY SIGNING BELOW**, I acknowledge receipt of this Notice on behalf of the client named above, and I represent that I am the client's parent, legal guardian, or other person with legal authority to act on the client's behalf for this purpose. **I understand that this acknowledgment is limited to receipt of this Notice and does not itself authorize treatment or any disclosure of PHI; any required treatment consent is addressed in the Informed Consent for Psychotherapy Services & Telehealth, and any authorization for disclosure requires a separate Authorization for Release of Information.**

Parent/Guardian Signature (if Minor Client, ages 0-17)

Date

Parent/Guardian Printed Name

Relationship to Client