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## HIPAA Notice of Privacy Practices

**\*\*\*\*\* PLEASE REVIEW THIS DOCUMENT CAREFULLY\*\*\*\*\***  
**PLEASE SIGN THE LAST PAGE OF THIS NOTICE TO ACKNOWLEDGE RECEIPT**

THIS NOTICE IS TO COMPLY WITH FEDERAL LAW "HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996." THIS NOTICE DESCRIBES HOW THERAPEUTIC SERVICES/HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION

I am required by federal and state law to maintain the privacy of your child's health information. This law, known as HIPAA (Health Insurance Portability & Accountability Act), requires that I give you access to my privacy notice, which describes my privacy practices, my legal rights and your rights concerning your child's health information as described below.

### USES AND DISCLOSURE OF HEALTH AND THERAPY INFORMATION

I may use and disclose health and therapy information about your child for treatment, payment and therapeutic operations. For example:

**TREATMENT:** I may use or disclose your child's health and therapy information to a therapist, service coordinator or healthcare provider in order to coordinate care. This may include assessment reports, diagnostic reports, progress reports and summaries of therapy visits.

**PAYMENT:** I may use and disclose your child's health and therapy information to obtain payment for services that I provide to your child. For example, I can disclose diagnostic and therapy treatment details to your insurance provider and Department of Human Services Cornerstone Services in order to obtain payment for these services.

**THERAPEUTIC OPERATIONS:** Your assessment reports, diagnostic reports and summaries of therapy visits may be randomly inspected by the Department of Human Services personnel who conduct quality assurance reviews to ensure that proper standards of care are being maintained.

Your child's health and therapy information may be disclosed via telephone, facsimile, email and/or regular mail. Modes of disclosure are kept confidential as I am the one who answers the telephone, transmits and receives faxes in a secure location, transmits and receives email via personal computer with password, and receives mail from the inbox.

I will keep your child's health and therapy information in a secure location to ensure your confidentiality. The records will be kept for seven years after the completion of Early Intervention services, at which time I will destroy the documents by shredding.

**AUTHORIZATION:** In addition to the use of your child's health and therapy information for treatment, payment and therapeutic operations, I may use and disclose this information to anyone, for any purpose, if you give me written authorization to do so. If you do give me such an authorization you may revoke it in writing at any time. This revocation will not affect any use or disclosures permitted while the authorization was in effect. Unless you give me written authorization I cannot use or disclose your child's personal health and therapy information for any reason except this described in this Notice.

#### USES AND DISCLOSURES NOT REQUIRING AUTHORIZATIONS

I must disclose your child's health and therapy information to you, a family member or caregiver, or friend who is engaged in assisting in your child's health care and participating in the therapy sessions only if you agree that I may do so.

I will not use your child's health or therapy information for marketing communications.

I will use and disclose your child's health and therapy information when I am required to do so by law. For example, if I reasonably believe that your child is possibly a victim of abuse, neglect or domestic violence or the possible victim of another crime. I may disclose your child's health and therapy information to the extent necessary to avoid a serious threat to the child's health or safety or the health and safety of others. I will not disclose information to a suspected abuser.

I may use or disclose your child's health and therapy information to provide you with appointment reminders such as voicemail reminders or letters.

#### YOUR RIGHTS AS A PARENT OF A MINOR

You have the following rights with respect to your child's protected health and therapy information, which you may exercise by presenting me with a written request.

The right to request restrictions on certain uses and disclosures of your child's health and therapy information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. I am, however, not required to agree to a requested restriction. If I do agree to a restriction, I must abide by it unless the parent agrees in writing to have it removed.

The right to reasonable requests to receive confidential communication of protected health and therapy information from me by alternative means or at alternative locations.

The right to inspect and copy your child's protected health and therapy information.

The right to request an amendment to your child's health and therapy information.

The right to receive an accounting of disclosures of your child's health and therapy information.

The right to obtain a paper copy of my Privacy Notice upon request.

I am required by law to maintain the privacy of your child's health and therapy information and to provide the client's with notice to such legal duties and privacy practices.

This notice is effective as of 1/1/06 and I am required to abide by the term of the Notice of Privacy Practices in effect. I reserve the right to change the terms of my Notice and to make the new provisions effective for all protected health and therapy information that I have. Clients may request a written copy of this document.

#### COMPLAINT PROCESS

If you believe that your privacy rights have been violated by Janet Schultz-Mroz, you have the right to file a complaint by contacting any one of the following, including your service coordinator at Child and Family Connections. You will not be retaliated against for filing a complaint.

The Whole Child Associates, LLC  
Janet Schultz-Mroz OTR/L LMT

1S660 Midwest Road Suite 160  
Oakbrook Terrace, IL 60181  
Phone: 708-975-6065  
Fax: 630-376-6630  
Your local Child and Family Connections Office (CFC)

Privacy Officer at Illinois Department of Human  
Services  
100 S. Grand Ave. East  
Springfield, IL 62762

#### ACKNOWLEDGEMENT OF NOTICE OF PRIVACY

I hereby acknowledge receipt of Janet Schultz-Mroz's Notice of Privacy. The Privacy Notice provides detailed information about how Janet Schultz-Mroz may use and disclose my child's confidential information.

I understand that Janet Schultz-Mroz's Privacy Notice has reserved the right to change her privacy practices that are described in the Notice and that I understand that a copy of any revised Notice will be provided to me or otherwise made available.

By signing below, you acknowledge that you have received, read, and understand the above Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Janet Schultz-Mroz OTR/L LMT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interpreter/Translator

\_\_\_\_\_  
Date

Refusal to Sign: \_\_\_\_\_