

NOTICE OF PRIVACY PRACTICES

Your Rights and Our Responsibilities

PLEASE READ THIS NOTICE CAREFULLY.

This notice explains how your mental health information may be used and shared and how you can access it.

Effective Date

This notice is effective as of: **January 1, 2026**

Why You Are Receiving This

As part of your care, this practice creates and keeps records about your mental health treatment. These records are protected by **federal law (HIPAA)** and **Illinois law**, including the **Illinois Mental Health and Developmental Disabilities Confidentiality Act**.

Illinois law provides extra privacy protections for mental health information. When Illinois law is more protective than federal law, Illinois law applies.

Our Commitment to Your Privacy

We are committed to protecting your mental health information.

By law, we must:

- **Keep your information private**
- **Give you this notice explaining our privacy practices**
- **Follow the terms of the notice currently in effect**

We may change this notice if the law changes. Updated notices will be available upon request.

How We May Use or Share Your Information

For Treatment

We may use your information to provide mental health care to you (for example, documenting sessions or consulting with another licensed provider **when allowed by Illinois law**).

Some treatment-related disclosures **may require your written permission** under Illinois law.

For Payment

We may use limited information for billing and payment purposes (such as insurance claims). **Illinois law may require your written authorization before sharing mental health information with insurers or third parties.**

For Health Care Operations

We may use limited information for internal operations, such as:

- **Scheduling appointments**
- **Quality assurance**
- **Recordkeeping**

Illinois law strictly limits the use and sharing of mental health records for these purposes. Some disclosures require your written authorization.

When Disclosure Is Required or Allowed by Law

We may share information without your permission only when legally required or allowed, such as:

- **When required by a valid court order under Illinois law**
- **To report suspected abuse or neglect**
- **To prevent a serious and imminent threat to your safety or someone else's safety**

Uses and Disclosures That Require Your Written Authorization

Your **written permission is required** for most other uses and disclosures, including:

- **Release of psychotherapy notes**
- **Sharing information with employers, schools, or non-treatment third parties**
- **Disclosures beyond treatment, payment, or operations**

You may **revoke your authorization in writing at any time**, unless action has already been taken.

Your Privacy Rights (Illinois & Federal Law)

You have the right to:

✓ Access Your Records

Request to see or receive a copy of your mental health records, with limited exceptions allowed by law.

✓ Request Corrections

Ask us to correct or add to information you believe is incorrect or incomplete.

✓ Receive an Accounting of Disclosures

Request a list of certain disclosures of your information.

✓ **Request Restrictions**

Ask us to limit how your information is used or shared. We are not required to agree in all cases.

✓ **Request Confidential Communication**

Ask us to contact you in a specific way or location (for example, by phone instead of mail).

✓ **Refuse Authorization**

You may refuse to sign an authorization for disclosure.

Your refusal will not affect your ability to receive treatment, except where disclosure is required by law or necessary for payment.

✓ **Control Redisclosure**

Illinois law limits the redisclosure of mental health information without your consent.

Acknowledgement of Receipt

You may be asked to sign a form acknowledging that you received this notice.

Signing is not required and does not authorize disclosure of your information. Refusing to sign will not affect your care.

Questions or Complaints

If you have questions or concerns about your privacy rights, contact:

Privacy Officer: Alejandra C Rodriguez, LCPC

Phone: 708-251-1134

Email Address: ale.rodriguez@nopalrosacounseling.com

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights**.

You will not be retaliated against for filing a complaint.

Questions?

If you have any questions about this notice or your privacy rights, please ask. We are happy to explain.



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