

NOTICE OF PRIVACY PRACTICES

Life Transitions Counseling, PLLC

Effective Date: _____

This Notice explains how your mental health information may be used and shared, and how you can access it. Please review it carefully.

Our Commitment to Your Privacy

Life Transitions Counseling, PLLC is committed to protecting the privacy of your mental health information. Federal and Illinois law require us to safeguard your protected health information (PHI). PHI includes information that identifies you and relates to your mental health care, treatment, or payment for services.

How We May Use and Share Your Information

Treatment: We may use and share your information to provide mental health care, including coordination among therapists in our group practice, consultations, and referrals.

Payment: We may use your information to bill insurance, verify benefits, and collect payment.

Practice Operations: We may use your information for practice operations such as quality improvement, training, scheduling, billing, and legal or administrative activities.

Psychotherapy Notes

Psychotherapy notes receive special protection. We do not use or disclose psychotherapy notes without your written authorization, except for clinical supervision or training, to defend ourselves in legal actions brought by you, or as required by law.

Uses and Sharing Without Authorization

We may share your information without your written permission when required or allowed by law, including to comply with legal requirements, prevent serious harm, respond to public health or oversight activities, or comply with court orders or lawful requests. Illinois law may provide additional privacy protections.

Uses That Require Written Authorization

We will not use or share your information without your written authorization for marketing, sale of health information, most disclosures of psychotherapy notes, or any purpose not described in this Notice. You may revoke your authorization in writing at any time.

Telehealth and Electronic Communication

We may provide services via telehealth and communicate by email, text, or secure portals. While safeguards are used, electronic communication carries some privacy risk.

Your Rights

You have the right to access your records, request corrections, request limits on use or disclosure, request confidential communications, receive an accounting of disclosures, and obtain a paper copy of this Notice.

Breach Notification

If your unsecured protected health information is involved in a breach, we will notify you as required by law.

Changes to This Notice

We may update this Notice from time to time. Changes will apply to all information we maintain and will be posted on our website and available upon request.

Questions About This Notice

Life Transitions Counseling, PLLC

Email: debra@lifetransitionschicago.com

Practice Privacy Officer

Debra Alper

Phone: 847-414-9298

Email: debra@lifetransitionschicago.com

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Acknowledgment of Receipt (Optional)

I acknowledge that I have received a copy of this Notice of Privacy Practices.

Patient Name: _____

Signature: _____

Date: _____