



Lioness Horizon Inc.
Evergreen Park, IL 60805
(708) 568-1639

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.** YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on July 2, 2020.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. LIONESS HORIZON INC.'S PLEDGE REGARDING HEALTH INFORMATION:

Lioness Horizon Inc. understands that health information about you and your health care is personal. Lioness Horizon Inc. is committed to protecting health information about you. Lioness Horizon Inc. creates a record of the care and services you receive. Lioness Horizon Inc. needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which Lioness Horizon Inc. may use and disclose health information about you. Lioness Horizon Inc. also describes your rights to the health information Lioness Horizon Inc. keeps about you, and describes certain obligations Lioness Horizon Inc. has regarding the use and disclosure of your health information.

Lioness Horizon Inc. is required by law to:

- Make sure that PHI that identifies you is kept private and secure
- Notify you when there is a breach of unsecured PHI. In some instances, Lioness Horizon Inc.'s business associate may provide the notification to you. Lioness Horizon Inc. may use email to inform you of a breach if you have provided Lioness Horizon Inc. with a current email address. Lioness Horizon may provide notification to you by other methods if appropriate.
- Give you this notice of Lioness Horizon Inc. legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Lioness Horizon Inc. reserves the right to change the terms of this Notice at any time, and such changes will apply to all the information Lioness Horizon Inc. has about you. If Lioness Horizon Inc. makes changes to this Notice, the new Notice will be available upon request, in Lioness Horizon Inc.'s office, and on Lioness Horizon Inc.'s website.

II. HOW LIONESS HORIZON INC. MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that Lioness Horizon Inc. uses and disclose health information. For each category of uses or disclosures there will be an explanation of what is meant and an attempt to provide some examples. Not every use or disclosure in a category will be listed. However, all of the ways Lioness Horizon Inc. is permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. Lioness Horizon Inc. may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, Lioness Horizon Inc. would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your health condition. Lioness Horizon Inc. may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, Lioness Horizon Inc. may disclose health information in response to a court or administrative order. Lioness Horizon Inc. may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** Lioness Horizon Inc. do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For Lioness Horizon Inc. use in treating you.
 - b. For Lioness Horizon Inc. use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For Lioness Horizon Inc. use in defending in legal proceedings instituted by you.
 - d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate Lioness Horizon Inc.'s compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** Lioness Horizon Inc. will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if Lioness Horizon Inc. requests a review from you and plans to share the review publically online or elsewhere to advertise Lioness Horizon Inc. services or practice, Lioness Horizon Inc. will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not realize which information you provide is considered "PHI," Lioness Horizon Inc. will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, Lioness Horizon Inc. will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to me via the email address Lioness Horizon Inc. keeps on file or via certified mail to Lioness Horizon Inc. address. Once Lioness Horizon Inc. has received your written withdrawal of consent, Lioness Horizon Inc. will remove your review from the Lioness Horizon Inc. website and from any other places where Lioness Horizon Inc. have posted it. Lioness Horizon Inc. cannot guarantee that others who may have copied your review from Lioness Horizon Inc. website or from other locations will also remove the review. This is a risk that Lioness Horizon Inc. wants you to be aware of, should you give me permission to post your review.

3. **Sale of PHI.** Lioness Horizon Inc. will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, Lioness Horizon Inc. can use and disclose your PHI without your Authorization for the following reasons. Lioness Horizon Inc. have to meet certain legal conditions before Lioness Horizon Inc. can share your information for these purposes:

1. Appointment reminders and health related benefits or services. Lioness Horizon Inc. may use and disclose your PHI to contact you to remind you that you have an appointment with a Lioness Horizon Inc. therapist. Lioness Horizon Inc. may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that Lioness Horizon Inc. offer.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although Lioness Horizon Inc.'s preference is to obtain an Authorization from you before doing so if Lioness Horizon Inc. is so allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on Lioness Horizon Inc. premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although Lioness Horizon Inc. preference is to obtain an Authorization from you, Lioness Horizon Inc. may provide your PHI in order to comply with workers' compensation laws.
11. For organ and tissue donation requests.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to tell Lioness Horizon Inc. to share information with your family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious. In most situations, Lioness Horizon Inc. will never share your psychotherapy notes unless you give Lioness Horizon Inc. written permission.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask Lioness Horizon Inc. not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Your request must be in writing and tell Lioness Horizon Inc. what restrictions you want. Lioness Horizon Inc. is not required to agree to your request, and Lioness Horizon Inc. may say "no" if Lioness Horizon Inc. believes it would affect your health.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

Lioness Horizon Inc. will agree unless a law requires to share that information. Your request must be in writing and tell Lioness Horizon Inc. what restrictions you want.

3. **The Right to Choose How Lioness Horizon Inc. Sends PHI to You.** You have the right to ask Lioness Horizon Inc. to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and the Lioness Horizon Inc. will agree to all reasonable requests. Your request must be in writing and specify to Lioness Horizon Inc. your preferred method of communication.
4. **The Right to See and Get Copies of Your PHI.** Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that Lioness Horizon Inc. has about you. How to do this: Submit your request to obtain electronic or paper copies of your medical record or other information in writing. Lioness Horizon Inc. will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. Please note, that safety and other legal reasons may limit the information you may see. Lioness Horizon Inc. may charge a reasonable cost based fee for doing so.
5. **The Right to Get a List of the Disclosures Lioness Horizon Inc. Have Made.** You have the right to request a list of instances in which Lioness Horizon Inc. have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you asked Lioness Horizon Inc. to make). How to do this: Your request must be in writing. Lioness Horizon Inc. will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list Lioness Horizon Inc. will give you will include disclosures made in the last six years unless you request a shorter time. Lioness Horizon Inc. will provide the list to you at no charge, but if you make more than one request in the same year, Lioness Horizon Inc. will charge you a reasonable cost based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing or incomplete from your PHI, you have the right to request that Lioness Horizon Inc. correct the existing information or add the missing information. Lioness Horizon Inc. may not make the changes or additions if in Lioness Horizon Inc.'s opinion the information is already accurate, complete, or for other reasons. If Lioness Horizon Inc. does not agree to your request, Lioness Horizon Inc. will provide you with a written explanation within 60 days of receiving your request. Any request you make to change your information, and Lioness Horizon Inc.'s response, will be noted in your file.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
8. **The Right to Choose Someone to Act For You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information. Before Lioness Horizon Inc. takes any action, Lioness Horizon Inc. will confirm the person has this authority and can act on your behalf.
9. **The Right to Communicate Confidentially.** You can ask in writing that Lioness Horizon Inc. communicate with you by a reasonable alternative means or at a reasonable alternative location. Your request must be in writing. For example, you may request that Lioness Horizon Inc. communicate with you by email rather than by telephone, through a translator, or at home instead of the office. Lioness Horizon Inc. will agree to all reasonable requests.
10. **The Right to Revoke an Authorization.** You have the right to revoke an authorization for uses and disclosures of PHI for research, given at any time. Your revocation must be in writing and tell Lioness Horizon Inc. what Authorization is being revoked. The revocation is not effective until Lioness Horizon Inc. receives it. A written revocation is not effective with respect to actions Lioness Horizon Inc. took in reliance on a valid Authorization, or where the Authorization was obtained as a condition of obtaining insurance coverage, payment and other law provides the insurer the right to contest a claim under the policy or the policy itself.
11. **The Right to Opt out of Communications and Fundraising from our Organization.** While Lioness Horizon Inc. does not engage in fundraising, selling or marketing your PHI, Lioness Horizon Inc. is required to notify you that we must obtain your authorization before doing so, and that you may opt out of receiving fundraising communication from Lioness Horizon Inc.
12. **The Right to File a Complaint.** You can file a complaint if you feel I have violated your rights by contacting Lioness Horizon Inc. using the information on page one or by filing a complaint with the United State Department of Health and Human Services, Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201,

calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. Lioness Horizon Inc. will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

Lioness Horizon Inc. can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in the Lioness Horizon Inc. office and on Lioness Horizon Inc. website.