

# THOMAS J. COMO

## LICENSED CLINICAL SOCIAL WORKER

*Thomas J. Como, LCSW*

*www.TomComo.com*

### Notice of Privacy Practices

I am required by federal law to post the following on my website. The information does not affect the confidentiality between a therapist and a client, except in cases of emergency and in some law enforcement situations. Please feel free to discuss this with me at your convenience.

If you are a client of Tom Como, this notice describes how your health information may be used and disclosed and how you can get access to this information. This notice is in compliance with the Health Insurance Portability and Accountability Act (HIPPA) of 1996. Please review it carefully.

#### 1. PERSONAL INFORMATION

I keep your personal information in records that will be maintained and protected in a confidential manner, as required by law, both federal and state. In the case where the state law is more restrictive, that law will be followed.

#### 2. WHAT ARE TREATMENT AND HEALTH CARE OPERATIONS?

Treatment records may be reviewed as part of an ongoing process directed toward assuring the quality of services. Other professionals may be asked to verify that professional standards are met.

#### 3. HOW WILL MY PROTECTED HEALTH INFORMATION BE USED?

Any record of mental health services will be retained for approximately eight years or more following our last clinical contact. After that time has elapsed, the records will be shredded or burned or otherwise destroyed in a way that protects your privacy. Until the records are destroyed they may be used for the following purposes unless you ask for restrictions on a specific use of disclosure:

- Information may be discussed to permit your health plan or other third party payer to take certain actions before your health plan approves to pay for your services. These actions may include making a determination of eligibility or coverage for health insurance, reviewing your services to determine necessity and/or to determine if sessions were appropriately authorized in advance or during your care.

As required by law we may disclose the following information:

- For public health purposes such as reporting child or elder abuse/neglect or domestic violence;
- For mental health oversight activities, e.g. audits, inspections or other mandated activities;
- For lawsuits and disputes (Attempts will be made to provide you advance notice of a court ordered subpoena before discussing information from our record);
- For law enforcement in certain restricted circumstances;
- To prevent a serious threat to health or safety or to obtain emergency care, to medical examiners as necessary by law to carry out identification of deceased persons and to determine cause of death;

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- For national security, intelligence activities, or protection of the President or other authorized persons.

Uses and disclosures not described above will generally only be made with your written permission. You have the right to revoke an authorization at any time, otherwise it remains in effect for 12 months after discharge. You have the right to amend any health information used to make decisions about your care. This may include clinical and billing records, but not psychotherapy notes. You must contact my office in writing to amend the record.

#### **4. YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES**

Except as described previously, no information will be disclosed from your record unless there is authorization in writing from you to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

#### **5. YOU HAVE RIGHTS REGARDING YOUR PROTECTED INFORMATION**

- The right to request restrictions or limitations on the mental health information.
- The right to confidential communication. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- The right to inspect and to copy your mental health information except for psychotherapy notes; if you believe that the information is incorrect or incomplete, you may ask for clarifying information.
- The right to accounting of any disclosure from your record.

All of the requests for the above information should be in writing and addressed to me at my office. You have a right to request a copy of this Notice. A copy is also provided on my website.

#### **6. REQUIREMENTS REGARDING THIS NOTICE**

Health/Mental Health practitioners are required to provide you with this notice and may change policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for information we have about you as well as any information we receive in the future. You may request a copy of the privacy notice in effect at any time.

#### **7. COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with me or with the Secretary of the US Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint.