

# Notice of Privacy Practices\*

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\* indicates a required field

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EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 4/5/26

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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### I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need 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.

In addition to the **Federal Health Insurance Portability and Accountability Act (HIPAA)**, I am governed by the **Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/)**. Where Illinois law is more protective of your privacy than federal law, I will follow Illinois law.

I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
  - Give you this notice of my legal duties and privacy practices with respect to health information.
  - Follow the terms of the notice that is currently in effect.
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## II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

**For Treatment, Payment, or Health Care Operations:** I may use or disclose your PHI without your written authorization to carry out treatment, payment, or health care operations. For example, if I consult with another licensed health care provider about your condition, I am permitted to use and disclose your PHI to assist in diagnosis and treatment.

**Lawsuits and Disputes:** If you are involved in a lawsuit, I may disclose health information only in response to a specific court order signed by a judge, or as otherwise required by the Illinois Mental Health and Developmental Disabilities Confidentiality Act. Unlike federal law, Illinois law generally does not allow me to release your mental health records in response to a subpoena signed only by an attorney without your written consent or a specific court order.

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## III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

- **Psychotherapy Notes:** I do keep “psychotherapy notes” and any use or disclosure of such notes requires your Authorization unless the use is for my own training, my defense in legal proceedings, or as required by law (such as a coroner or the Secretary of HHS).
- **Marketing Purposes:** I will not use or disclose your PHI for marketing purposes.
- **Sale of PHI:** I will not sell your PHI.
- **Substance Use Disorder Records:** If your records include information regarding Substance Use Disorder (SUD) treatment, they are protected under **42 CFR Part 2**. I will not disclose these records for use in legal proceedings against you without your specific written consent or a specialized court order. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose.

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## IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for:

- **Child Abuse:** As a mandated reporter under the Illinois Abused and Neglected Child Reporting Act, I must report suspected child abuse or neglect.
- **Adult/Elder Abuse:** As required by the Illinois Adult Protective Services Act, I must report suspected abuse of seniors (60+) or adults with disabilities.

- **Duty to Warn:** If you communicate a serious threat of physical violence against a clearly identified victim, I may disclose information to the victim and law enforcement to prevent harm.
  - **FOID Act Reporting:** Under the Illinois Firearm Owners Identification (FOID) Act, I am required to report to the Illinois Department of Human Services (DHS) within 24 hours if a client is determined to be a "clear and present danger" to themselves or others.
  - **Judicial Proceedings:** In response to a court order.
  - **Public Health/Safety:** To avert a serious threat to health or safety.
  - **Workers' Compensation:** As required by Illinois Workers' Compensation laws.
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## V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

In certain circumstances, I may disclose a limited amount of your PHI to a family member, a close personal friend, or another person you identify. These disclosures are governed by both HIPAA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act:

- **Involvement in Care:** I may only disclose information to individuals who are directly involved in your care or in the payment for your care.
  - **Prior Consent:** Unless there is an emergency, I will only make such disclosures if you are present and do not object, or if I can reasonably infer from the circumstances that you do not object.
  - **Minimum Necessary Standard:** Even with your consent, Illinois law requires that I only disclose the minimum information necessary to keep these individuals informed of your current status.
  - **Your Right to Object:** You have the right to request that I not share any information with specific individuals. Please inform me in writing if you wish to restrict these disclosures.
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## VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

- **The Right to Request Limits on Uses and Disclosures.**
- **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.**
- **The Right to Choose How I Send PHI to You.**

- **The Right to See and Get Copies of Your PHI:** Under Illinois law (740 ILCS 110/4), minors age 12 and older have the right to inspect and copy their own mental health records. Parents/guardians of minors aged 12–17 may access records, but the minor has the right to object. Access may be denied if I believe disclosure would be harmful.
  - **The Right to Get a List of the Disclosures I Have Made.**
  - **The Right to Correct or Update Your PHI:** If I deny your request for an amendment, I will provide a written explanation and instructions on how to file a statement of disagreement.
  - **The Right to Get a Paper or Electronic Copy of this Notice.**
  - **The Right to Breach Notification:** You have the right to be notified in writing within 30 days of the discovery of any breach of your unsecured PHI.
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## VII. REDISCLOSURE PROHIBITION

Information disclosed pursuant to your written authorization may **not** be redisclosed by the recipient to any other person without your express written consent, unless otherwise permitted by the Illinois Mental Health and Developmental Disabilities Confidentiality Act.

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## VIII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with me directly at the contact information listed above. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. **I will not retaliate against you for filing a complaint.**

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## ACKNOWLEDGEMENT OF RECEIPT

By signing below, I acknowledge that I have received a copy of this Notice of Privacy Practices, which incorporates protections under both HIPAA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act.

**\* Client Signature (minors aged 12+ must sign form)**

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## Parent/Guardian Signature if Client is a Minor

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