ROOTED TOGETHER, PLLC
PEDIATRIC SUPPORT SERVICES
(847)323-1356
ROOTEDTOGETHEROT@GMAIL.COM

This bulletin provides you with information concerning my privacy and security policies in regard to your child's healthcare information. I am doing so in accordance with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule") as set forth in the Health Insurance Portability and Accountability Act (the Act) of 1996, and the regulations at 45 CPR Parts 160 and 164 of the Act and under the terms of Mental Health and Developmental Disabilities Confidentiality Act (MHDDCA), 740 ILCS 110/1, et seq. (hereinafter for ease of referral, collectively referred to as "HIPAA").

I value your privacy and the privacy of your child. Rest assured, your personal healthcare information, and that of your child, is protected with Rooted Together, PLLC to the fullest extent compatible with applicable state and federal law.

Under HIPAA, your protected healthcare information may be released to designated health plans or other healthcare providers without specific authorization in order to treat your child, obtain payment, and conduct normal business operations. In addition, Rooted Together, PLLC may release your child's protected healthcare information to business associates who perform functions or activities on behalf of Rooted Together, PLLC including but not limited to, claims processing, billing, accounting legal or other related functions.

Rooted Together, PLLC will take all reasonable steps to ensure that the minimum necessary information is disclosed to accomplish practice operations, obtain payment for services, and provide treatment. This includes sending claims and records to obtain payment; discussion with other therapists or healthcare providers in the course of treatment; and, if necessary, discussion with collection agencies. Rooted Together, PLLC does keep record of the care and services you receive with Rooted Together, PLLC. This record is to assure quality of care and to comply with state and federal legal requirements. This notice applies to all records of your care. This notice will detail how I may use and disclose personal health information (PHI) about your child. Rooted Together, PLLC is required to assure your information is kept private; give you notice of my legal duties and privacy practices with respect to PHI; follow the terms of this notice that is in effect; and notify you if I do make any changes to this notice.

With the exceptions authorized by HIPAA and noted in this policy, you have the right to restrict to whom any portion of your child's records may be released. These clinical records will not be released to anyone unless specifically authorized by you in writing. An exception to this rule, whereby records could be released without your authorization, could be in the course of

legal proceedings by local, state, or federal agencies. In addition, if your child has attained the age of twelve years, certain aspects of his or her treatment or care may be kept confidential from you unless required to be provided to you by law, or unless the child consents to the release of information, or if the information reveals a risk to the child or others.

You have the right to inspect your child's medical records (in accordance with the foregoing restrictions) with reasonable notice to the Privacy Officer. You will then be able to inspect these records with the Privacy Officer present. You have the right to augment your child's clinical records. Information in the clinical record cannot be revised or removed. Please submit your request in writing to amend the record. You also have the right to know when and where your child's personal healthcare information has been sent.

Personal health information about your child may be disclosed in the following of ways: ederal 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. I may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. 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. If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I 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.

Circumstances that require authorization by parent/legal guardian in relation to use and disclosure of personal health information: use and/or disclosure of treatment notes require your authorization unless it is for my use in continuing treatment of your child; for my use in training students and/or other onboarding therapists; for my use in legal matters, including any legal proceedings; for use by the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA. Rooted Together, PLLC will not market and/or sell your

child's personal health information under any circumstance.

Circumstances that do not require your authorization to use and disclose of personal health care information pertaining to your child: Subject to certain limitations in the law, Rooted Together, PLLC can use and disclose your PHI without your Authorization for the following reasons. Rooted Together, PLLC has to meet certain legal conditions before Rooted Together, PLLC can share your information for these purposes: Appointment reminders and health related benefits or services. Rooted Together, PLLC may use and disclose your PHI to contact you to remind you that you have an appointment with me. Rooted Together, PLLC may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that Rooted Together, PLLC offer. 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. 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. For health oversight activities, including audits and investigations. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although Rooted Together, PLLC preference is to obtain an Authorization from you before doing so if Rooted Together, PLLC is so allowed by the court or administrative officials. For law enforcement purposes, including reporting crimes occurring on Rooted Together, PLLC premises. To coroners or medical examiners, when such individuals are performing duties authorized by law.

You have the following rights with respect to your child's PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes.Rooted Together, PLLC is not required to agree to your request, and Rooted Together, PLLC may say "no" it is believed it would affect your health care.
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.

3. The Right to Choose How Rooted Together, PLLC sends PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
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 Rooted Together, PLLC has about you. Ask us how to do this. Rooted Together, PLLC 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. Rooted Together, PLLC may charge a reasonable cost based fee for doing so.
5. The Right to Get a List of the Disclosures Rooted Together, PLLC Has Made.You have the right to request a list of instances in which Rooted Together, PLLC has disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask Rooted Together, PLLC to make). Rooted Together, PLLC will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list Rooted Together, PLLC will give you will include disclosures made in the last six years unless you request a shorter time. Rooted Together, PLLC will provide the list to you at a reasonable cost.
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 from your PHI, you have the right to request that Rooted Together, PLLC correct the existing information or add the missing information. Rooted Together, PLLC may say "no" to your request, but Rooted Together, PLLC will tell you why in writing within 60 days of receiving your request.
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.
9. The Right to Revoke an Authorization.

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10. The Right to Opt out of Communications and Fundraising from our Organization.
11. The Right to File a Complaint. You can file a complaint if you feel I have violated your rights by contacting me using the information on page one or by filing a complaint with the HHS 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. I will not retaliate against you for filing a complaint.