



Notice of Privacy Practices & Signed Acknowledgement

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy and security of your personal health information as part of providing professional care. We are required by law to protect your health information, follow the privacy practices described in this notice, and give you a copy of this notice. We will also let you know promptly if a breach occurs that may have compromised the privacy or security of your information. Please let us know if you have any questions or concerns.

How we use and disclose your protected health information

We may use and share the information collected about you mainly to provide treatment, arrange payment for services, and for health care operations such as running our practice, improving your care, and contacting you when necessary. We may also use or share your information when the law allows or requires us to do so. If we need to use or disclose your information for another purpose that requires your written permission, we will ask you to sign an authorization form. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

Your choices about your health information

In certain situations, you have choices about how we share your information. You may tell us whether you want us to share information with family, close friends, or others involved in your care or payment for your care, or in a disaster relief situation. If you are unable to tell us your preference, such as if you are unconscious, we may share information when we believe it is in your best interest or when needed to lessen a serious and imminent threat to health or safety.

We will not use or share your information for marketing purposes, for the sale of your information, or for most sharing of psychotherapy notes unless you give us written permission.

Disclosing your health information as permitted or required by law

There are times when the law allows or requires us to use or share your information. For example:

- 1) To help with public health and safety issues, such reporting suspected abuse or neglect, or preventing or reducing a serious threat to anyone's health or safety.
- 2) To comply with state or federal law, including with the U.S. Department of Health and Human Services when it is reviewing our compliance with federal privacy law.
- 3) For workers' compensation claims, law enforcement purposes, health oversight activities, or certain special government functions, as permitted or required by law.



4) In response to a court or administrative order, subpoena, lawsuit, or other legal action, as permitted or required by law.

To the extent that we have substance use disorder patient records subject to 42 CFR Part 2, we will not use or disclose those records for investigations or legal proceedings against you without your written consent or a court order and subpoena, as applicable.

Your rights regarding your health information

1) Confidential communications. You can ask us to contact you in a particular way or at a certain place that is more private for you, such as at home, at work, by cell phone, or at a different mailing address. We will say yes to all reasonable requests.

2) Limits on use or sharing. You can ask us not to use or share certain health information for treatment, payment, or our health care operations. We are not required to agree, and we may say no if the restriction could affect your care. If you pay for a service or health care item out of pocket in full, you can ask us not to share that information with your health insurer for payment or health care operations. We will say yes unless a law requires us to share the information.

3) Access to your records. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

4) Correction of your records. If you believe information in your records is incorrect or incomplete, you can ask us to correct it. You must make the request in writing and tell us why. We may say no, but if we do, we will tell you why in writing, generally within 60 days.

5) Accounting of disclosures. You can ask for a list of certain times we have shared your health information during the six years before the date of your request, including who we shared it with and why. Certain disclosures are not included, such as disclosures for treatment, payment, or health care operations. We will provide one accounting each year at no charge and may charge a reasonable, cost-based fee for additional requests within 12 months.

6) A copy of this notice. You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide you with a copy promptly.

7) Someone to act for you. If someone has legal authority to act for you, such as a personal representative, medical power of attorney, or legal guardian, that person may exercise your rights and make choices about your health information. We will verify that the person has the authority to act for you before taking action.

8) Complaints. You have the right to file a complaint if you believe your privacy rights have been violated. You may file a complaint with us using the contact information provided below, or with the U.S. Department of Health and Human Services Office for Civil Rights. You may contact OCR at 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit the HHS complaint page. We will not retaliate against you for filing a complaint.

Our responsibilities and changes to this notice

We are required to maintain the privacy and security of your protected health information and to follow the duties and privacy practices described in this notice. We will not use or share your information other



than as described here unless you tell us in writing that we may do so. If you give us permission, you may change your mind at any time by letting us know in writing.

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and in our office, and on our website if we maintain one.

Questions, complaints, and privacy contact

Jamie Kelly, LCPC

Director of Clinical Operations and Compliance

p: 224-202-6799

e: jamiakelly@springsourcecenter.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights using the contact information described above.

Additional Protections Under Illinois Law

Illinois law provides additional protections for certain mental health and developmental disability records and communications. In general, records and communications made in the course of providing mental health services are confidential and may be used or disclosed only as permitted or required by applicable Illinois and federal law.

When Illinois law provides greater privacy protections or places greater restrictions on the use or disclosure of your information than federal law, we will follow the applicable Illinois law.

The effective date of this notice is: September 1, 2026

I acknowledge I have read and understand SpringSource's Privacy Practices:

Client Name: _____

Client Signature: _____

Date: _____

Guardian Name: _____

Signature: _____

Date: _____