

## NOTICE OF PRIVACY PRACTICES (NPP)

Open Horizons Counseling, PLLC, ("OHC" or We) respect our clients' confidentiality and only release information about you in accordance with state and federal laws.

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

This notice describes our policies related to the use of the records of your care at OHC. We are required to give you this Notice about (1) the use and disclosure of your health information, (2) our legal responsibilities, and (3) your rights concerning your health information and to abide by the terms of this notice.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional information, contact Richard Gauthier, LCSW, Open Horizons Counseling PLLC, 3330 Old Glenview Rd Ste 9, Wilmette, IL, (847) 920-7920, [privacy@openhorizonscounseling.com](mailto:privacy@openhorizonscounseling.com).

### **Use and Disclosure of Protected Health Information**

When OHC provides you with therapy services or you provide intake forms or other information to OHC, we receive and maintain personal health information about you. We use and disclose the *minimum necessary health information which may include personal or medical information* about you for your treatment, for payment for your services, and for OHC's services and patient treatment.

1. **For Treatment.** We use and disclose your health information internally in the course of your treatment at OHC. For example, we may give information to another professional at OHC. In the event that information is provided to a third party or outside health care professions, you will be requested to sign an authorization prior to the release of information.
2. **For Payment.** We may use and disclose your health and other information to obtain payment for services we provide to you as referenced in the Informed Consent for Services Agreement. For example, insurance companies or other agencies may require certain minimum necessary information in order for them to pay us for the service we have provided to you.

### **Information Disclosed Without Your Consent**

Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

1. **Emergencies.** Sufficient information may be shared to address an immediate emergency you are facing.
2. **Judicial and Administrative Proceedings.** We may disclose your personal health information in the course of a judicial or administrative proceeding in response to a valid court order, subpoena or other lawful process, including if you were to make a claim for Workers Compensation for work related injuries.
3. **Danger to Yourself or others.** If we felt you were an immediate danger to yourself or others, we may disclose health information about you to the authorities, as well as alert any other person who may be in danger.
4. **Child/Elder Abuse.** We may disclose health information about you related to the suspicion of child and/or elder abuse or neglect.

5. **Criminal Activity or Danger to Others.** We may disclose health information if a crime is committed on our premises or against our personnel, or if we believe there is someone who is in immediate danger.
6. **National Security, Intelligence Activities, and Protective Services to the President and Others.** We may release health information about you to authorized federal officials as authorized by law in order to protect the President or other national or international figures, or in cases of national security.
7. **Scheduling Appointments.** OHC may use your phone number to call you to schedule or remind you of appointments. Messages may be left with your consent.
8. **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These activities might include audits or inspections and are necessary for the government to monitor the health care system and assure compliance with civil rights laws. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements. The minimum necessary information will be provided in these instances.
9. **Marketing.** OHC may send you newsletters or information about services we provide in which we feel you might be interested. You may at any time request that your name be removed from our mailing list. We will not disclose any information to a third party for their use in telemarketing, direct mail marketing, or marketing through electronic mail.

### **Your Rights Regarding Your Health Information**

1. **Right to Inspect and Copy.** You have the right to look at or get copies of your health information, with limited exceptions. Your request must be in writing. If you request a copy of the information, a reasonable charge may be made for the costs and time incurred.
2. **Right to Change/Amend.** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We have the right to deny your request under certain circumstances.
3. **Right to a List of Disclosures to Third Parties.** You have the right to receive a list of occurrences when your health information has been disclosed to a third party for a purpose other than treatment, payment, or health care operations. To request an accounting of disclosures, you must submit your request in writing to Richard Gauthier, LCSW.
4. **Right to Notification.** You have the right to or will receive notifications of breaches or unauthorized access to your Personal Health Information.
5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you only by mail or at work. You must make this request in writing, and it must specify the alternative means or location that you would like us to use to provide you information about your health care. We will make every attempt to accommodate reasonable requests.
6. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you could ask that we not share information with an insurance company, in which case you would be responsible to pay in full for the services provided. While you are in treatment, a written request should be made with your therapist. To request a restriction after therapy is completed, send to Richard Gauthier, LCSW. **We are not required to agree to your request, but we will consider the request very seriously.**
7. **Right to Obtain a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice and any amended notice upon request. Copies will be available by contacting Richard Gauthier, LCSW. Any other uses and disclosures not set out in the information above will be made only with your written authorization. You may revoke a written authorization for release of information at any time. The revocation must be in writing and will become effective when it has been received by Richard Gauthier, LCSW, and will only be for disclosures not already completed.

At any time, OHC reserves the right to change our privacy practices provided such changes are permitted by applicable law. Before the effective date of a material change, however, OHC will change this Notice and make a new Notice available on OHC's website.

### **Inquires and Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us, or you may file a complaint with the U. S. Department of Health & Human Services. To obtain additional information, or to file a complaint with us, contact Richard Gauthier, LCSW. **No retaliation will be made or allowed if you choose to file a complaint.**

*This Notice is effective September 16, 2025*