



Practice Policies/ Notice of Privacy

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.

CLEAR SKY COUNSELING SERVICES, PLLC is committed to protecting your privacy.

CLEAR SKY COUNSELING SERVICES, PLLC is required by federal law to maintain the privacy of Protected Health Information (“PHI”), which is information that identifies or could be used to identify you.

CLEAR SKY COUNSELING SERVICES, PLLC is required to provide you with this Notice of Privacy Practices (this “Notice”), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

1. YOUR RIGHTS

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to the Practice at the address noted below.

To inspect and copy PHI.

- You can ask for an electronic or paper copy of PHI. The Practice may charge you a reasonable fee.
- The Practice may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.

To amend PHI.

- You can ask to correct PHI you believe is incorrect or incomplete. CLEAR SKY COUNSELING SERVICES, PLLC may require you to make your request in writing and provide a reason for the request.
- The Practice may deny your request. CLEAR SKY COUNSELING SERVICES, PLLC will send a written explanation for the denial and allow you to submit a written statement of disagreement.

To request confidential communications.

- You can ask CLEAR SKY COUNSELING SERVICES, PLLC to contact you in a specific way. We will say “yes” to all reasonable requests.

To limit what is used or shared.

- You can ask CLEAR SKY COUNSELING SERVICES, PLLC not to use or share PHI for treatment, payment, or business operations. We are not required to agree if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask CLEAR SKY COUNSELING SERVICES, PLLC not to share PHI with your health insurer.
- You can ask CLEAR SKY COUNSELING SERVICES, PLLC not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.



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 exercise your rights.

To file a complaint if you feel your rights are violated.

- You can file a complaint by contacting CLEAR SKY COUNSELING SERVICES, PLLC using the following information:

CLEAR SKY COUNSELING SERVICES, PLLC
10 N Lake Street, Suite 109, Grayslake, Illinois
Jordana Ballesteros and Becky Vinson-Boyer
(847) 986-4151

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- CLEAR SKY COUNSELING SERVICES, PLLC will not retaliate against you for filing a complaint.

To opt out of receiving fundraising communications.

- CLEAR SKY COUNSELING SERVICES, PLLC may contact you for fundraising efforts, but you can ask not to be contacted again.

2. OUR USES AND DISCLOSURES

A) Routine Uses and Disclosures of PHI

The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or shares your health information in the following ways:

To treat you.

- The Practice can use and share PHI with other professionals who are treating you.
- Example: Your primary care doctor asks about your mental health treatment.

To run the health care operations.

- The Practice can use and share PHI to run the business, improve your care, and contact you.
- Example: The Practice uses PHI to send you appointment reminders if you choose.

To bill for your services.

- The Practice can use and share PHI to bill and get payment from health plans or other entities.
- Example: The Practice gives PHI to your health insurance plan so it will pay for your services.



B) Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object
The Practice may use or disclose PHI without your authorization or an opportunity for you to object, including:

To help with public health and safety issues:

- Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Serious threat to health or safety: To prevent a serious and imminent threat.
- Abuse or Neglect: To report abuse, neglect, or domestic violence.

To comply with law, law enforcement, or other government requests:

- Required by law: If required by federal, state or local law.
- Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.
- Law enforcement: For law locate and identify you or disclose information about a victim of a crime.
- Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.
- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests

- Coroners and Funeral Directors: To perform their legally authorized duties.
- Organ Donation: For organ donation or transplantation.
- Research: For research that has been approved by an institutional review board.
- Inmates: The Practice created or received your PHI in the course of providing care.
- Business Associates: To organizations that perform functions, activities or services on our behalf.

C) Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object
Unless you object, the Practice may disclose PHI:

To your family, friends, or others if PHI directly relates to that person's involvement in your care.

If it is in your best interest because you are unable to state your preference.

3. OUR RESPONSIBILITIES



- CLEAR SKY COUNSELING SERVICES, PLLC is required by law to maintain the privacy and security of PHI.
- CLEAR SKY COUNSELING SERVICES, PLLC is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, We will abide by the more stringent law.
- CLEAR SKY COUNSELING SERVICES, PLLC reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by the Practice. Should We make changes, you may obtain a revised Notice by requesting a copy from CLEAR SKY COUNSELING SERVICES, PLLC, using the information above, or by viewing a copy on the website www.clearskycounselor.com.
- CLEAR SKY COUNSELING SERVICES, PLLC will inform you if PHI is compromised in a breach.

4. COMMUNICATION:

A) Telephone Accessibility - If you need to contact your therapist between sessions, please leave a message on the number above. Therapists are often not immediately available; we will attempt to return your call within 24 hours during the weekday. Voice mails left Saturdays and Sunday, will be returned by Tuesday at the latest. Please note that face- to-face sessions are highly preferable to strictly phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If an emergency arises, please call 911 or any local emergency room. For any other mental health emergencies please call the Illinois Department of Human Services, Crisis Line, 988. This line is available to anyone 24/7.

B) Social media and Telecommunication- Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist.

This Notice is effective on 06/01/2024.

Client Signature/Must be over the age of 12

Date