

Tzippy Kohen, MS, LCPC, NCC

323-896-2693

Notice of Privacy Practices

This notice describes how treatment information about you may be used and disclosed and how you can get access to this information. Please review.

Right to Privacy

As your mental health provider, this therapist is required by federal and state law to maintain the privacy of your treatment information. This therapist is required to give you notice about our privacy practices, our legal duties and your rights concerning your treatment information. This therapist reserves the right to change these privacy practices and terms of this notice at any time provided such changes are permitted by law. You may request a copy of the notice at any time.

Uses and Disclosures of Treatment Information

As your mental health provider, this therapist provides mental health care in conjunction with other health care providers, organizations and other professionals. The information privacy practices will be followed by any professional with whom health information is shared.

For treatment: As your mental health provider this therapist may discuss your treatment information with a consultant.

For payment: In order to obtain payment for services provided to you, this therapist may use and disclose your treatment information to businesses in connection with billing and collection activities. For example, the insurance company may need the type of services received.

Legal proceedings: Information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process under certain circumstances.

Information may be disclosed to appropriate authorities if this therapist reasonably believes that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This therapist may disclose information to the extent necessary to protect your health or safety or the safety of others.

This therapist will not disclose your treatment information if that disclosure is prohibited or significantly limited by other applicable law.

Your Health Information Rights

You have the right to request restrictions on uses and disclosures of your treatment information for the purposes of treatment, payment, or healthcare operations. This therapist is not required to allow your request. If your request is agreed to, the request will be complied with to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.

- You have the right to inspect or copy treatment information that may be used to make decisions about your care with limited exceptions. You must make a request in writing by sending a letter to the address listed below.
- You have the right to request that changes or amendments are made to your treatment record. Your request must be in writing and must explain why the information should be changed.
- You have the right to receive a list of instances in which your information was disclosed by this office for purposes other than treatment, payment, professional consultation or those disclosures you have authorized in writing.
- You have the right to request that this provider contact you by alternative means or at alternative locations. You must inform this provider in writing that alternative means are required and provide an explanation of how payments will be handled under the alternative means.

Questions and Complaints

Please contact the counselor below:

Tzippy Kohen
7301 Lincoln Avenue Suite 106
Lincolnwood, IL 60712
(323) 896-2693

You also have the right to file a complaint with the secretary of the Department of Health and Human Services, Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington D.C. 20201. There will be no retaliation for filing a complaint.