Inner Growth Therapy Services

825 W State Street Suite 119D
Geneva, IL 60134
630-296-9566
www.inner-growth-therapy.com
info@inner-growth-therapy.com

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ ***See page 2*** *for more information on these rights and how to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ ***See page 3*** *for more information on these choices and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ ***See pages 3 and 4*** *for more information on these uses and disclosures*

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say "yes" to all reasonable requests.
Ask us to limit what we use or share	• You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would 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 for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
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 and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 1. • 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/.** • We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases we *never* share your information unless you give us written permission:	• Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
In the case of fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you	• We can use your health information and share it with other professionals who are treating you.	***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*
Run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	***Example:*** *We use health information about you to manage your treatment and services.*
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.	***Example:*** *We give information about you to your health insurance plan so it will pay for your services.*

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

Help with public health and safety issues	• We can share health information about you for certain situations such as:
	  • Preventing disease
	  • Helping with product recalls
	  • Reporting adverse reactions to medications
	  • Reporting suspected abuse, neglect, or domestic violence
	  • Preventing or reducing a serious threat to anyone's health or safety

Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you:
	  • For workers' compensation claims
	  • For law enforcement purposes or with a law enforcement official
	  • With health oversight agencies for activities authorized by law
	  • For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

Changes to the Terms of this Notice

We can 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, in our office, and on our web site.

3/05/2021

This Notice of Privacy Practices applies to the following organizations.

Inner Growth Therapy Services Privacy Contact:
Alexandra Gonzalez, LCSW
alexandra@inner-growth-therapy.com

Privacy Policy (Specific to Text Messaging)

Effective Date: March 1, 2025

Inner Growth Therapy Services respects your privacy and is committed to protecting your personal information. This Privacy Policy outlines how we collect, use, and protect your information when you opt-in to receive SMS messages from us.

1. Information We Collect

When you complete our new patient consent forms, you have the option to opt in to receive SMS messages. At this time, we collect the following information:

- Your phone number
- Your consent to receive SMS messages

2. How We Collect Your Information

We collect this information directly from you when you complete intake paperwork and provide your communication preferences.

3. How We Use Your Information

We use your information solely for the purpose of:

- Sending SMS messages that you have opted in to receive
- Providing non-clinical communication regarding appointment reminders, cancellations, or scheduling changes

Important: SMS messages from Inner Growth Therapy Services are strictly non-clinical in nature and should not be used for confidential or emergency communications.

4. Disclosure and Protection of Your Information

For details on how we protect your personal information and the circumstances under which it may be disclosed, please refer to our **Notice of Privacy Practices**, which is provided at intake and available upon request.

5. How to Contact Us

You may contact us via SMS for **non-clinical, non-emergency** messages related to appointment scheduling. **We are not an emergency service.** If you are experiencing an emergency, please call **911** or contact local emergency services.

Preferred methods of communication between sessions will be discussed in person during your initial appointment.

Review of Terms and Conditions for SMS Messaging Services
Effective Date: March 1, 2025

By opting in to receive SMS messages from **Inner Growth Therapy Services**, you acknowledge and agree to the following Terms and Conditions.

1. Consent to Receive SMS Messages

By providing your phone number, you consent to receive SMS text messages from Inner Growth Therapy Services for appointment reminders and general non-clinical communication related to your relationship with our practice. Message and data rates may apply based on your mobile carrier's terms.

2. Message Frequency

Message frequency may vary depending on appointment reminders and other relevant communications. Inner Growth Therapy Services reserves the right to adjust message frequency as needed. While we strive to ensure timely delivery, we and our carriers are not responsible for delayed or undelivered messages.

3. Message and Data Rates

Standard message and data rates may apply according to your mobile carrier's plan.

4. Privacy Policy

Your information will be handled in accordance with our **Privacy Policy**, which is available on our website, within the intake forms you sign, and in paper form at our office.

5. Opt-Out & Cancellation

You may opt out of receiving SMS messages at any time by replying **STOP** to any message. After opting out, you will receive one final confirmation message indicating that your request has been processed.

6. Help & Customer Support

Our SMS service is not intended for emergencies. If you are experiencing an emergency, please call **911** or seek immediate assistance from local emergency services.

For general appointment-related inquiries, we will respond during business hours. For confidential communications with your clinician, please use the **Patient Portal**. SMS messages should be reserved for non-clinical, non-emergency matters, such as notifying us if you are running late for an appointment.

7. Limitation of Liability

Inner Growth Therapy Services is not responsible for any charges, errors, delays, or undelivered messages caused by your mobile carrier or third-party service providers.

8. Confidentiality

Detailed information regarding confidentiality is outlined in the **consent forms** reviewed and signed at the start of services.