

Safe Space

Mental Health LLC

Notice of Privacy Rights

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED, INCLUDING SUBSTANCE USE DISORDER TREATMENT RECORDS, AND HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. THIS NOTICE IS PROVIDED TO MAINTAIN COMPLIANCE WITH STATE LAWS, THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AND ANY ADDITIONAL FEDERAL LAW THAT IS APPLICABLE. PLEASE REVIEW THIS DOCUMENT CAREFULLY. SAFE SPACE MENTAL HEALTH LLC (“the practice” and/or SSMH”) PLEDGES THE FOLLOWING REGARDING YOUR HEALTH INFORMATION:

- I. The practice understands that health information about you and your healthcare is personal. The practice is committed to protecting health information about you. The practice creates a record of the care and services you receive from SSMH. The practice needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by Safe Space Mental Health LLC. This notice will tell you about the ways in which the practice may use and disclose health information about you. This notice also describes your rights to the health information the practice keeps about you and describes certain obligations the practice has regarding the use and disclosure of your health information.

This notice explains our privacy practices, which fulfill our legal obligations around your protected health information (PHI), such as health records, and personally identifiable information (PII), such as name and email. We follow the rules set by the Health Insurance Portability and Accountability Act (HIPAA) and other state-specific laws to safeguard your information. Federal law and regulations (42 CFR Part 2) protect the confidentiality of substance use disorder patient records (Part 2 Program records). These protections apply in addition to the privacy protections provided under HIPAA and generally prohibit disclosure of your Part 2 Program records except as permitted by law. This notice will tell you about the ways in which your provider may use and disclose health information about you. We also describe your rights to the health information your provider keeps about you, and describe certain obligations your provider has regarding the use and disclosure of your health information.

Safe Space Mental Health LLC is required by law to:

- Make sure that Protected Health Information (“PHI”) that identifies you is kept private. If there is any breach of your PHI, we will promptly notify you.

- Give you this notice of the practice’s legal duties and privacy practices with respect to health information.
 - Only use and disclose Part 2 Program records only as permitted by 42 CFR Part 2.
- Follow the terms of the notice that is currently in effect.
- Safe Space Mental Health LLC can change the terms of this Notice at any time, and such changes will apply to all information the practice has about you. The new Notice will be available upon request and on the practice’s website.

II. HOW SAFE SPACE MENTAL HEALTH LLC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The practice may use or disclose your Protected Health Information (PHI), for treatment, payment, and health care operations purposes with your written authorization. The practice may also disclose PHI for payment purposes with your general consent.

Definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment,” “Payment,” and “Health Care Operations.”
 - “Treatment” is when the practice provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when the practice consults with health care providers contracted or employed within the practice, or providers outside of the practice such as a psychiatrist or medical doctor regarding your care. Unless in matters of safety, your written consent is needed in order to release PHI to providers outside of the practice. Occasionally, the practice may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name or other PHI. PHI may be shared within the confines of the practice amongst staff employed by or contracted with the practice for purposes of but not limited to training, consultation, and supervision.
 - “Payment” is when the practice obtains reimbursement for your healthcare. An example of payment is when the practice discloses your PHI to your health insurer to obtain reimbursement for your healthcare or to determine eligibility or coverage. If it is necessary to utilize a collections agency to secure payment of services, the practice will disclose the minimum amount of PHI necessary for purposes of collection.
 - “Health Care Operations” are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination. Safe Space Mental Health LLC may share your PHI with third parties that perform various business functions such as but not limited to billing, legal assistance, and Information and Technology services. In such cases, the practice will have a written contract with the business that requires it to safeguard the privacy of your PHI to the extent outlined in this Notice. The practice

communicates through the patient portal, email, phone, mail, and text. Please be aware that the privacy of these methods are limited and less secure than communication conducted in person.

- “Use” applies only to activities within the practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of the practice, such as releasing, transferring, or providing access to information about you to other parties.
- “Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be made in writing on an authorization form consisting of your live signature (and/or signature of a guardian or parent if applicable).

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

- Psychotherapy Notes. The practice maintains “Psychotherapy Notes.” “Psychotherapy Notes” are notes the practice has made about communication between you and the practice during a private, group, joint, or family counseling session. These notes are kept in a file separate from your medical file. Any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For the practice’s use in treating you.
 - b. For the practice’s use in training or supervising mental health practitioners employed or contracted with the practice to help improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For the practice’s use in defending the practice in legal proceedings instituted by you.
 - d. For use by governing bodies to investigate the practice’s compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
- Part 2 Program Records – The practice may, upon your separate consent, disclose:
 - Your Part 2 Program Records for all future uses and disclosures for treatment, payment and health care operations,
 - Your substance use disorder counseling records to enhance your individual care.
 - Your consent may be revoked at any time. If you give written consent for your records to be shared for treatment, payment, or health care operations, the receiving Part 2 program, covered entity, or business associate may share those records again without gaining your consent, if permitted by HIPAA and/or state law.
 - DISCLOSURES FROM SUBSTANCE USE DISORDER (SUD) TREATMENT PROGRAMS
 - In no event will the practice use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

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- Marketing Purposes - We will not use or disclose your PHI for marketing purposes.
- Sale of PHI – The practice will not sell your PHI in the regular course of business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, the practice may use and disclose your PHI without your Authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, financial exploitation, and neglect, or preventing or reducing a serious threat to anyone's health or safety.
 - If you communicate to the practice a specific threat of imminent harm against another individual or if the practice believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, the practice may make disclosures that the practice believes are necessary to protect that individual from harm. If the practice believes that you present an imminent, serious risk of physical or mental injury or death to yourself, the practice may make disclosures the practice considers necessary to protect you from harm.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, although the practice's preference is to obtain an Authorization from you before doing so.
- The practice may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

In no event will we use or disclose your Part 2 Program records, or testimony that describes the information contained in your Part 2 Program records, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

- For law enforcement purposes, including reporting crimes occurring on the premises of the practice.
- If you are involved in an emergency, we may use and disclose Part 2 Program Records.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence

operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For workers' compensation purposes. Although the practice's preference is to obtain an Authorization from you, the practice may provide your PHI in order to comply with workers' compensation laws.
- Appointment reminders and health related benefits or services.
- The practice may use and disclose your PHI to contact you to remind you that you have an appointment. The practice may also use and disclose your PHI to inform you of treatment alternatives, or other health care services or benefits offered by the practice.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

- Disclosures to family, friends, or others. The practice may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
- You may ask the practice not to use or share certain health information for treatment, payment, or the practice's operations. Unless the practice provides you with services under 42 CFR Part 2, they are not required to agree to your request and may say "no" if it would affect your care.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask the practice not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Unless your provider provides you with services under 42 CFR Part 2, the practice is not required to agree to your request, and the practice may say "no" if the practice believes it would affect your health care.
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- The Right to Choose How the practice Sends PHI to You. You have the right to ask the practice to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that the practice obtains about you. The practice will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. The practice may charge a reasonable, cost-based fee for doing so.
- The Right to Get a List of the Disclosures the practice has made. You have the right to request a list of instances in which the practice has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided the practice with an Authorization. The practice will respond to your request for an accounting of disclosures within

60 days of receiving your request. The list the practice will provide will include disclosures made in the last six years unless you request a shorter time. The practice will provide the list to you at no charge, but if you make more than one request in the same year, the practice will charge you a reasonable cost based-fee for each additional request.

- The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that the practice corrects the existing information or add the missing information. The practice may say “no” to your request, but the practice will tell you why in writing within 60 days of receiving your request.
- The Right to restrict what PHI or Part 2 Program Records the practice uses or shares. This includes restricting disclosures of records to your health plan for services paid in full.
- To request an accounting of disclosures of your Part 2 Program Records for the past 3 years.
- To request a list of disclosures by an intermediary for the past 3 years.
- The Right to Receive a Paper or Electronic Copy of this Notice. You have the right to receive a paper copy of this Notice, and you have the right to receive a copy of this notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you have the right to request a paper copy of it.
- Right to Be Notified if There is a Breach of Your Unsecured PHI. – You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPPA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- The right to contact the practice and discuss this notice of privacy practices.
- The right to request not to receive fundraising communications.
- Psychologist’s (or psychotherapist's) Duties:
 - The practice is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
 - The practice reserves the right to change the privacy policies and practices described in this notice. The privacy policies in effect will be maintained on our website at www.safespacementalhealth.com.

VII. COMPLAINTS:

- If you are concerned that the practice has violated your privacy rights, or if you disagree with a decision the practice has made about access to your records, you may contact Cynthia Chambers, MA, LCPC at 708-634-6709, or write to: 1449 S. Michigan Chicago, IL. 60605. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or call 1-877-696-6775, or email OCRComplaint@hhs.gov.

VIII. EFFECTIVE DATE, RESTRICTIONS, and CHANGES TO PRIVACY POLICY

- This notice will go into effect on 2/15/26. The practice reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that the practice maintains.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices

Name of Client: _____

I hereby acknowledge that I have received a copy of SSMH’s Notice of Privacy Practices.

Client Name

Client Signature (Must sign if 12 or older)

Signature Date

Guardian Name

Guardian Signature

Signature Date

Guardian Name

Guardian Signature

Signature Date

USES AND DISCLOSURES FROM SUBSTANCE USE DISORDER TREATMENT PROGRAMS

- Part 2 Program records: If Safe Space Mental Health, LLC (The Practice) receives or maintains any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) the practice may use and disclose your Part 2 Program records for all future uses and disclosures for treatment, payment and health care operations, or at your request as the patient.
- Further disclosure: Records that are used or disclosed pursuant to this consent may be subject to redisclosure and no longer protected by this consent.

- Right to revoke consent: You may revoke this consent at any time or refuse to sign this consent. If you refuse to sign this consent, the practice will be unable to provide you with services that concern information about you under a Part 2 Program.
- Duration of consent: This consent will expire at the end of your treatment by the practice.

If disclosed, do you authorize the practice to use and disclose your Part 2 Program record as described in this section? Please check one of the following:

Yes

No

Client Name

Client Signature (Must sign if 12 or older)

Signature Date

Guardian Name

Guardian Signature

Signature Date

Guardian Name

Guardian Signature

Signature Date

_____ For SSMH Use Only _____

SSMH Notice of Privacy Practices was presented to the Client or Legal Guardian today, but the Client or Legal Guardian did not sign this acknowledgment because:

____ The Client refused to sign

____ The Legal Guardian refused to sign

____ The Client was incapable of signing

____ Other _____

Signature of SSMH staff

Date