

## NOTICE OF PRIVACY PRACTICES

**Effective: 4/1/17 (Updated 6/1/26)**

Your privacy is important to me. Please review this document carefully. This Privacy Policy explains how I collect, use, disclose, and safeguard your information when you use my website [www.drloribolnick.com](http://www.drloribolnick.com) or use my services. I am committed to protecting your personal and health information in accordance with applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA), the Illinois Mental Health and Developmental Disabilities Confidentiality Act (IMHDDCA), and relevant federal and state privacy regulations. By visiting and using the website, you accept and agree to be bound by the terms, without modification, of this Privacy Policy. If you do not agree with the practices described in this Privacy Policy, please do not provide us with your personal information or interact with the website. This document applies to the following entity:

**LORI A. BOLNICK, PSY.D.**

**1821 Walden Office Square, Suite 400**

**Schaumburg, Illinois 60173**

**\*Business Associates and their Contractors**

I reserve the right to change my privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changes in my privacy practices and the new terms of my notice effective for all medical information that I maintain, including medical information I created or received before I made the changes. Before I make a significant change in my privacy practices, I will change this notice and make the new notice available upon request. This will also be available on my website.

### **Use of Digital Information**

**Information I Collect.** When you visit my website or contact me, I may collect the following types of information:

- **Personal Information:** Name, email address, phone number, and any information you provide via contact forms or appointment scheduling tools.
- **Protected Health Information (PHI):** If you become a client, your clinical and health information will be collected and managed in accordance with HIPAA and Illinois law.
- **Website Usage Information:** IP address, browser type, pages visited, and date/time stamps (collected through cookies or analytics tools).

**How Your Information is Used.** I do not sell, rent, or share your personal or health information with third parties for marketing purposes. Your information is used to:

- Respond to inquiries or requests made via the website.
- Schedule appointments and manage administrative tasks.
- Provide clinical services in accordance with ethical and legal standards.
- Improve website functionality and user experience.
- Screen site activity for potential risk or fraud

**Protection of Your Information.** I implement appropriate physical, administrative, and technical safeguards to protect your information. Clinical records are stored in secure, HIPAA-compliant systems.

Email or web inquiries are managed with confidentiality in mind; however, please be aware that standard email is not a secure form of communication.

**Cookies and Tracking Technologies.** My website may use cookies or analytics tools (like Google Analytics) to understand how visitors interact with the site. These tools do not collect identifying health or personal data. You may choose to disable cookies in your browser settings. You can read more about how Google uses your Personal Information here: <https://www.google.com/intl/en/policies/privacy/>. You can also opt-out of Google Analytics here: <https://tools.google.com/dlpage/gaoptout>.

### **How I Store Your Data**

I adopt appropriate and industry-standard encryption data collection storage and processing practices, as well as security measures to protect against unauthorized access, alteration, disclosure or destruction of your personal information, username, password, transaction information and data stored virtually. I use commercially reasonable security measures to protect against unauthorized access to or unauthorized alteration, disclosure or destruction of information. No computer network or data transmission on the internet can be guaranteed to be 100% secure, so you agree to submit your information at your own risk.

**Third-Party Services.** If scheduling, payment, or communication occurs via third-party platforms (e.g., Simple Practice, Stripe, Doxy.me, Sessions, G-Suite applications, Wix, Spruce), those platforms have their own privacy policies and security protocols. I encourage you to read the privacy statement and terms or use of others sites. For US clients, I use only HIPAA-compliant platforms for services.

### **Uses and Disclosures of Protected Health Information (PHI)**

I may use and disclose your health information, that is, information that constitutes protected health information (PHI) as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for the purposes of providing treatment, obtaining payment for treatment and conducting health care operations. The following categories describe different ways that I use and disclose your PHI. For each category of uses or disclosures I will explain what I mean and give you some examples. Not every use or disclosure in a category will be listed.

**Treatment.** I will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another. Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care.

**Payment.** Your PHI will be used, as needed, to bill and collect payment for your health care services. Your PHI may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, workmen’s compensation, or from credit card companies that you may use to pay for services. In addition, uses of PHI for payment purposes may also include certain communications to your health insurer to get approval for the treatment that I recommend. For example, I may disclose protected information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for your services, I may also need to disclose your PHI to your insurance company to demonstrate the medical necessity of the services, or as required by your insurance company, for utilization review. I may also disclose patient

information to another provider involved in your case for the other provider's payment activities. I may release information to an outside agency for collection purposes.

**When Legally Required.** I will use or disclose your PHI when I am required to do so by any Federal, State or local law. Any use or disclosure under this section will comply with and be limited to the relevant requirements of any such law.

**To Report Abuse, Neglect, or Domestic Violence.** I may notify government authorities, including a social service or protective services agency, if I reasonably believe that a patient is the victim of abuse, neglect, or domestic violence. Although every person has a responsibility to report suspected abuse or neglect, certain occupations are required to do so. These occupations are considered "professionally mandatory reporters," for example, health professionals and mental health professionals. It is the responsibility of the professionally mandatory reporters to alert the proper authorities in the event a minor, elderly, or vulnerable adult patient is identified as a victim of alleged or suspected neglect or abuse including sexual abuse, and to comply with proper procedures for the reporting as required or authorized by law.

**Other Uses and Disclosures.** As part of treatment, payment, and health care operations, I may also use or disclose your PHI for the following purposes:

- To remind you of an appointment (appointment reminders may be communicated by mail or by leaving a message on the answering machine of a telephone number that you have provided);
- To inform you of potential treatment alternatives or options;
- To inform you of health-related benefits or services that may be of interest to you; and

**To Business Associates.** Sometimes it is necessary for me to hire outside parties (business associates) to help us carry out certain health care operations or services. These services are provided in our organization through contracts with the business associates. Examples include computer maintenance by outside companies, consultants and transcription of medical records. When these services are contracted, I may disclose your PHI to our business associates so that they can perform the job I've asked them to do.

**When There Are Risks to Public Health.** I may disclose your PHI for public health activities and purposes. For example, public health activities generally include:

- To prevent, or control, disease, injury, or disability as permitted by law;
- To report disease, injury and vital events such as birth or death as permitted or required by law;
- To conduct public health surveillance, investigations, and interventions as permitted or required by law;
- To collect or report adverse events and product defects or problems; to track FDA-regulated products; to enable product recalls, repairs, replacements, or look back to the FDA and to conduct post-marketing surveillance;
- To notify patients of recalls of products they may be using;
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition, as authorized by law;
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required, to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether the individual has a work-related illness or injury; and
- To report to a school about an individual who is a student or prospective student of the school if the PHI disclosed is limited to proof of immunization and the school is required by State or other law to have such proof of immunization prior to admitting the individual.

**To Conduct Health Oversight Activities.** I may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections and licensure/registration. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. This includes, but is not limited to, complaints against my license or registration in any state, province, or territory where I hold a license/registration, and to the US Secretary of Health and Human Services to investigate my compliance with HIPAA.

**In Connection with Judicial and Administrative Proceedings.** I may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. I may also disclose your PHI in response to a subpoena, discovery request, or other lawful process if I receive satisfactory assurance from the party seeking the information that either reasonable efforts have been made to ensure that you have been given notice of the request, or reasonable efforts have been made to obtain an order protecting the information requested. I will also disclose PHI for the purpose of defending myself in legal proceedings instituted by you.

**For Law Enforcement Purposes.** I may disclose your PHI to a law enforcement official for certain law enforcement purposes including:

- As required by law for reporting of a gunshot wound or other physical or life-threatening injury indicating an act of violence;
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process;
- For the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
- Under certain limited circumstances, when you are or are suspected to be the victim of a crime;
- To a law enforcement official if they have a suspicion that your death was the result of criminal conduct;
- To report a crime in an emergency situation; and
- In the event a minor, elderly, or vulnerable adult patient is identified as a victim of alleged or suspected neglect or abuse including sexual abuse.

Prior to releasing information to the government, these requests will be discussed with attorneys to ensure that information is being shared in accordance to the law.

**In the Event of a Serious Threat to Health or Safety.** I may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if I believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize me to use or disclose your PHI to facilitate specified government functions relating to military and Veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and other law enforcement custodial situations. Prior to releasing information to the government, these requests will be discussed with attorneys to ensure that information is being shared in accordance to the law.

**For Worker's Compensation.** I may release your health information to comply with worker's compensation laws or similar programs.

**To Coroners, Funeral Directors, and for Organ Donation.** I may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. I may also disclose PHI to a funeral director, as authorize by law, in order to permit the funeral director to carry out his or her duties. PHI may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

**For Research Purposes.** Under certain circumstances, I may use and disclose your PHI for research purposes. All these research projects, however, are subject to a special review and approval process, by the institutional review board (“IRB”). This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients’ need for privacy of their PHI. Before I use or disclose PHI for research, the project will have been approved through this research approval process. In some cases, your authorization would be required.

### **Uses and Disclosures Permitted Without Authorization, but with Opportunity to Object**

I may disclose your PHI to your family member(s), a close personal friend, or any other person identified by you, if the disclosure is directly relevant to the person’s involvement in your care or payment related to your care. I can also disclose your information in connection with trying to locate or notify family member(s) or others involved in your care concerning your location, condition, or death. Additionally, for virtual appointments, I can contact your Emergency Contact in case of serious safety risks, acceptable under the law, so they can go to your last known location to aid in the emergency situation.

You may object to these disclosures. If you do not object to these disclosures or I can infer from the circumstances that you do not object or I determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person’s involvement with your care, I may disclose your PHI as described.

### **Uses and Disclosures Which You Authorize**

Other than as stated above, I will not disclose your health information other than with your written authorization. I will apply special protections to psychotherapy notes and will not release such notes without your signed authorization unless they are being used to defend myself in a legal action. You may revoke your authorization in writing at any time except to the extent that I have taken action in reliance upon the authorization.

### **Individual Rights**

**The Right to Inspect and Copy Your PHI.** You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as I maintain the PHI. A “designated record set” contains medical and billing records and any other records that are used to make decisions about you. To the extent electronic records are implemented, you do not have the right to actually inspect or access the electronic medical record system. If you request access to part of a designated record set that is maintained in electronic format the information will be printed on paper, downloaded to a thumb drive, or other electronic format, upon your request provided that I am able to readily produce the requested format.

Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law under which, you may not have the right to have a denial for access reviewed.

I may deny your request to inspect or copy your PHI if, in our professional judgment, I determine that the access requested is likely to endanger your life or safety or that of another person, that it is likely to

cause substantial harm to another person referenced within the information, or that the request was made by your personal representative and it is determined that the personal representative is reasonably likely to cause substantial harm to your or another person. You have the right to request a review of this decision.

To inspect or copy your medical information, you must submit a written request to me. The contact information is attached to the notice. If you request a copy of your information, I may charge you a fee for the costs of copying, mailing, or other costs incurred by us in complying with your request.

**The Right to Request a Restriction on Uses and Disclosures of Your PHI.** You may ask me, in writing, not to use or disclose certain parts of your PHI for the purposes of treatment, payment, or health care operations. You may also request, in writing, that I do not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. I am not required to agree to a restriction that you may request. I will notify you in writing if I deny your request to a restriction.

Although I am not required to agree to most restrictions, if you pay for health care services out-of-pocket in full and do not wish the services to be counted toward an insurance deductible you may request that the information related to these services not be included in any disclosures to a health plan. There may be circumstances where I have a legal requirement to submit a bill to health plan and will be unable to provide services to you consistent with this request. If I do agree to a requested restriction, I may not use or disclose your PHI in violation of that restriction, unless it is needed to provide emergency treatment. Under certain circumstances, I may terminate a restriction. You may request, in writing, a restriction by contacting me at any time.

**The Right to Request to Receive Confidential Communications by Alternative Means or at an Alternative Location.** You have the right to request that I communicate with you in certain ways. I will accommodate reasonable requests. I may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. I will not require you to provide an explanation for your request. Requests must be made in writing.

**The Right to Request Amendment of Your PHI.** You may request an amendment of PHI about you in a designated record set for as long as I maintain this information. If you believe that there is a mistake or missing information in our record of your PHI, you may request in writing that I correct or add to the record. In this written request, you must also provide a reason to support the requested amendment. I will respond within 60 days of receiving your request. I may deny the request in writing, if I determine that the PHI is: (1) correct and complete; (2) not created by me and/or not part of our records, or; (3) not permitted to be disclosed or inspected. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If I approve the request for amendment, I will change the PHI and so inform you.

**The Right to Receive an Accounting.** You have the right to request in writing an accounting of certain disclosures of your PHI made by me or my Business Associates. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. I am also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, disclosures to friends or family members involved in your care, or certain other disclosures I am permitted to make without your authorization. The request for an accounting must be made in writing. The request should specify the time period sought for the accounting. Accounting requests may not be made for periods of time dating

more than 6 years prior to the date of the request. I will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**The Right to Get a Paper or Electronic Copy of this Notice.** If you receive this notice through the Patient Portal or on my website, you are also entitled to receive this notice in written form (i.e., paper copy or email copy).

**Right to Receive Notice of Breach.** The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 requires us to give notice to you and to the U.S. Department of Health and Human Services (HHS) if I discover that unsecured PHI has been breached as defined as the acquisition, access, use, or disclosure of PHI in violation of the HIPPA Privacy Rule. Examples of a breach include PHI that is stolen, improperly accessed, inadvertently sent to the wrong place, or not encrypted to government standards. I will notify you in writing as soon as reasonably possible, but not later than sixty (60) days after the breach has been discovered.

### **Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact me using the information listed at the end of this notice. If you are concerned that I may have violated your privacy rights, or you disagree with a decision I made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have me communicate with you by alternative means or at alternative locations, you may complain to me using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. I will provide you with the address to file your complaint with the U.S. Department of Health and Human Services (upon request). I support your right to the privacy of your medical information. I will not retaliate in any way, if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

### **Contact Information**

Lori A. Bolnick, Psy.D.  
1821 Walden Office Square, Suite 400  
Schaumburg, Illinois 60173  
Email: [drloribolnick@gmail.com](mailto:drloribolnick@gmail.com)  
Phone: (224) 220-0277  
Fax: (224) 774-1741