



Notice of Privacy Practices

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.

Este aviso está disponible en español. Pida una copia a su psicóloga.

1. Our Commitment to Your Privacy

At WavePath Psychological Care, PLLC ("WavePath," "we," or "us"), your privacy is part of your care. Information about you, including your identity, the services you receive, what you share in sessions, your test results, and your billing records, is called **protected health information** ("PHI").

Two sets of laws protect your PHI: the federal Health Insurance Portability and Accountability Act ("HIPAA") and its Privacy Rule, and Illinois law, especially the **Illinois Mental Health and Developmental Disabilities Confidentiality Act** (740 ILCS 110, the "Illinois Confidentiality Act"). Illinois law is often stricter than HIPAA for mental health information. **When the two laws differ, we follow the one that gives you more privacy or more access to your own records.** This Notice explains both.

2. Our Legal Duties

By law, we must:

- Keep your PHI private and secure.
- Give you this Notice of our legal duties and privacy practices, and follow the Notice currently in effect.
- Tell you promptly if a breach occurs that may have compromised the privacy or security of your unsecured PHI.
- Not use or share your PHI in ways other than those described in this Notice unless you give us written permission.

3. How We Use and Share Your Information for Your Care

HIPAA allows most health care providers to use and share PHI for **treatment, payment, and health care operations** without asking first. Illinois law is more protective of mental health information. For that reason, **at the start of services we ask for your written consent** before we share information for these purposes with anyone outside WavePath, such as your insurance company or another provider. You may decline or limit that consent, and we will explain any effect on your care or billing.

Treatment

We use your PHI to provide psychotherapy, psychological and neuropsychological assessment, and consultation. For example, your psychologist may consult with a supervisor or a consulting psychologist about your care, sharing only what is needed; Illinois law permits this. With your written consent, we may coordinate with your physician, psychiatrist, or another provider.

Payment

With your written consent, we share the information needed to bill for services. For example, we send your insurance plan your name, dates of service, service codes, and diagnosis so we can be paid. Your insurer may ask for more information to approve or review care, and we give only what is required.

Health Care Operations

We use your PHI to run the practice well and safely. Examples include reviewing the quality of our services, keeping records, meeting licensing and legal duties, and using companies that support the practice (such as our electronic health record, secure messaging and phone services, email, and billing services). These companies are called **business associates**. Each signs a written agreement requiring it to protect your PHI, as both HIPAA and Illinois law require.

Appointment Reminders and Contact

We may contact you by phone, text, secure message, or email to confirm appointments or share service information, using the contact methods you choose. You can ask us to use a different method or address at any time (see "Your Rights" below).

4. Uses and Disclosures That Need Your Written Authorization

Other than the situations described in Sections 3 and 5, we will not share your PHI without your written authorization. Under Illinois law, a valid authorization must name who receives the information, the purpose, what will be shared, your right to inspect and copy the information, what happens if you refuse, the date the authorization expires, and your right to revoke it. Your authorization is always needed for:

- **Psychotherapy notes and personal notes.** These are notes your psychologist keeps separately from your main record about the content of therapy conversations, as well as impressions and working hypotheses. HIPAA calls these "psychotherapy notes," and Illinois law calls them "personal notes." Illinois law gives them strong protection, and they are generally not shared, even with your authorization, except as the law allows.
- **Marketing.** We do not use your PHI for marketing.
- **Sale of PHI.** We never sell your PHI.
- **Sharing with family, friends, schools, employers, or attorneys.** Unlike HIPAA, Illinois law does not let us share mental health information with family members or friends just because you do not object. We will do so only with your written consent, except in an emergency as described in Section 5.

You may **revoke** an authorization at any time by telling us in writing. Revoking stops future sharing, but it cannot undo sharing that already happened while the authorization was in effect.

5. When We May Share Information Without Your Consent

Federal and Illinois law allow or require us to share PHI without your consent in a limited number of situations. When this happens, we share only the minimum information necessary, and whenever the law and safety allow, we will talk with you about it first.

- **To prevent serious harm.** If you communicate a serious threat of physical violence against a reasonably identifiable person, or if there is a clear and imminent risk of serious harm to you or others, we may warn the person at risk, contact law enforcement, or take other protective steps (405 ILCS 5/6-103; 740 ILCS 110/11).
- **Abuse or neglect.** Psychologists are mandated reporters. We must report suspected abuse or neglect of a child to the Illinois Department of Children and Family Services (325 ILCS 5/4). We may also be

required to report suspected abuse, neglect, or exploitation of an adult with disabilities or an older adult to Adult Protective Services (320 ILCS 20).

- **"Clear and present danger" reporting.** If we determine that a person poses a clear and present danger to themselves or others, Illinois law requires us to report limited identifying information to the Illinois State Police for firearm (FOID) purposes. This report does not include what you said in sessions or your diagnosis (430 ILCS 65/8.1; 740 ILCS 110/12).
- **Emergencies.** To get you emergency medical care, or to begin an evaluation for emergency mental health treatment under the Illinois Mental Health and Developmental Disabilities Code.
- **Courts and legal proceedings.** Illinois gives your mental health records a legal privilege. We will release them in a lawsuit or court case only with your written consent or a court order that meets Illinois law, which usually requires a judge to review the records privately first (740 ILCS 110/10). A subpoena signed only by an attorney is not enough. Exceptions may apply, for example if you place your own mental health at issue in a case.
- **Health oversight.** To agencies that oversee health care, such as the Illinois Department of Financial and Professional Regulation (IDFPR) during a licensing review, or the U.S. Department of Health and Human Services (HHS) to check our compliance with HIPAA.
- **Consultation with our attorney.** To an attorney advising the practice, as Illinois law allows.
- **Collecting unpaid fees.** If an account is unpaid, we may share only the limited information Illinois law permits (such as your name, address, dates of service, and amount owed). We will give you notice first.
- **Research.** Only with your written authorization, or when an ethics review board approves a waiver that meets federal and Illinois law.
- **Other situations required by law.** For example, to a coroner or medical examiner, for specific national security or protective service requests allowed under Illinois law, or when another federal or Illinois law requires it.

6. Special Situations at WavePath

Psychological and Neuropsychological Testing

Your **test data** (your responses, scores, and results) is part of your record, and you have the right to access it as described in Section 7. Separately, **test materials** (manuals, test questions, stimuli, and scoring keys) are protected by copyright and test security obligations. Illinois law forbids releasing test materials when doing so would compromise the fairness of testing (740 ILCS 110/3). If you request your testing records, we may send test materials or protocols that show test items to a licensed psychologist you choose, rather than to you directly. We will always explain your results to you.

Evaluations Requested by Someone Else

Some evaluations are done for a third party, such as an immigration attorney, a court, a school, or an agency. Before the evaluation starts, we will explain in writing who will receive the report and what it may include, and we will ask for your written authorization. **Once information is sent to a person or agency that is not covered by HIPAA, such as an immigration court, a government agency, or an attorney, it may be shared further and may no longer be protected by federal privacy law.** For immigration evaluations, reports go only to the attorney or organization you authorize, and we do not share your information with immigration enforcement except when a valid court order or law requires it.

Minors, Parents, and Personal Representatives

In Illinois, a client age 12 or older has the right to see their own record. A parent or guardian may see the record of a child under 12. For a client age 12 to 17, a parent or guardian may see the record only if the minor is told and does not object, or if the psychologist does not find compelling reasons to deny access; parents may

still receive information about the minor's current condition, diagnosis, treatment needs, and services (740 ILCS 110/4). Some minors age 12 and older may consent to limited counseling on their own under Illinois law. A court appointed guardian or a health care agent may act for an adult client when the law allows.

Substance Use Disorder Records

If we receive records from a federally assisted substance use disorder treatment program, those records are protected by federal law at 42 CFR Part 2, which limits some uses and disclosures that HIPAA would otherwise allow. **Part 2 records, or testimony describing their content, may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless you give specific written consent or a court issues an order that meets Part 2 requirements, together with a subpoena or similar legal requirement.** We do not use Part 2 records for fundraising.

Other Specially Protected Information

Illinois law gives extra protection to HIV and AIDS information (410 ILCS 305) and genetic testing information (410 ILCS 513). We follow those laws when they apply.

Telehealth and Electronic Communication

We use secure, HIPAA compliant platforms for telehealth, messaging, and records. If you ask us to communicate by standard (unencrypted) email or text, we will first tell you the risks, and we will respect your choice.

7. Your Rights

To use any of these rights, contact our Privacy Officer (Section 10). Some requests must be in writing, and we will give you a form.

- **See and get a copy of your records.** You may inspect or get a paper or electronic copy of your record. We will respond within 30 days; if we need more time, we will tell you why in writing, and we may extend once by up to 30 days. You may also ask us to send a copy to another person. We may charge a reasonable, cost based fee for copies, and we will tell you the fee in advance. In limited cases we may deny part of a request (for example, psychotherapy notes, or information that a licensed professional believes is reasonably likely to endanger someone). If we deny a request, we will explain why in writing and, in most cases, you may ask for another licensed professional to review the decision.
- **Ask us to correct your records.** If you believe information in your record is wrong or incomplete, you may ask us in writing to amend it. We will respond within 60 days. If we say no, we will explain why, and you may submit a statement of disagreement to be added to your record. Illinois law also lets you add a written statement to your record.
- **Ask for confidential communication.** You may ask us to contact you in a particular way (for example, only on your cell phone) or at a different address. We will say yes to all reasonable requests and will not ask why.
- **Ask us to limit what we use or share.** You may ask us not to use or share certain information. We are not required to agree, except in one case: **if you pay for a service in full out of pocket, you may ask us not to share information about that service with your health plan, and we must agree** unless the law requires us to share it.
- **Get a list of disclosures.** You may ask for a list (accounting) of times we shared your PHI in the six years before your request, who received it, and why. The list will not include disclosures for treatment, payment, or operations, or those you authorized. One list per 12 months is free; we may charge a reasonable, cost based fee for more.
- **Get a copy of this Notice.** You may ask for a paper copy at any time, even if you agreed to receive it electronically. It is also posted in our office and on our website.

- **Choose someone to act for you.** If you have given someone health care power of attorney, or you have a legal guardian, that person may exercise your rights. We will confirm their authority before acting.
- **Be notified of a breach.** We will tell you if a breach of your unsecured PHI occurs, as the law requires.

8. How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the federal government. **We will not retaliate against you or refuse services for filing a complaint.**

- **With WavePath:** contact our Privacy Officer using the information in Section 10.
- **With the U.S. Department of Health and Human Services, Office for Civil Rights:** 200 Independence Avenue, S.W., Washington, D.C. 20201; toll free 1-877-696-6775; or online at www.hhs.gov/ocr/complaints.
- **With the Illinois Department of Financial and Professional Regulation (IDFPR),** which licenses psychologists, at www.idfpr.illinois.gov.

9. Changes to This Notice

We may change this Notice, and the changes will apply to all PHI we hold, including information created before the change. If we make an important change, we will post the new Notice in our office and on our website, it will be available in our client portal, and we will give you a copy at your next appointment or on request. The effective date is shown on the first page.

10. Contact Information

Privacy Officer

Marlene G. Rivera Rodríguez, PsyD, Licensed Clinical Psychologist
WavePath Psychological Care, PLLC
Email: dr.riverarodriguez@wavepathcare.com
Website: <https://www.wavepathcare.com/>



Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received or been offered a copy of the WavePath Psychological Care, PLLC Notice of Privacy Practices, effective September 22, 2026. I understand that I may ask questions about this Notice and may request a paper copy at any time.

Client name (please print)

Date of birth

Signature of client or personal representative

Date

If signed by a representative: name and relationship to client

For office use only

If acknowledgment was not obtained, describe the good faith effort made and the reason:

Staff initials: _____ Date: _____