

Mary Andrus, ATR, LCPC



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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.”

Providers and health insurers who are required to follow this law must comply with your right to ask to see and get a copy of your health records. You can ask to see and get a copy of your medical records and other health information. You may not be able to get all of your information in a few special cases. For example, if your therapist decides something in your file might endanger yourself or someone else, the therapist may not have to give this information to you. In most cases your copies must be given to you within 30 days but this can be extended for another 30 days if you are given a reason. You may have to pay for the cost of copying and mailing if you request copies and mailing.

INFORMED CONSENT

Your verbal communication and clinical records are strictly confidential except for: a) information shared with your insurance company to process your claims (dates of service, diagnosis and purpose of payment), b) where you sign a release to have information shared with your consulting psychiatrist, primary care physician, or other medical professional, c) if you provide information that informs me that you are in danger of harming yourself or others, d) you and your child or children report about physical or sexual abuse; then, by Illinois State Law, I am obligated to report this information to the Illinois Department of Children and Family Services. All clinical records are destroyed every seven years.

In case of an emergency please call me at 773-922-1110, if you cannot reach me, go to the emergency room or call 911.

Fees- \$100/hour. Payment from your insurance company and self pay are accepted. When billing the insurance company I will submit to them the full payment and ask you for the co-pay each session. Patients who cancel their appointment without giving 24 hours notice will be billed the full amount.

In the unlikely event that I am no longer able to provide therapy to you, I will provide you with 2 or 3 names of potential referrals.

If you feel your rights are not being honored, you have the right to file a formal complaint with the U.S. Government, at the website www.hhs.gov/ocr/hippa/ or calling 1-866-627-7748.

Mary Andrus, ATR, LCPC leases space from, but has no legal affiliation with Dr. Brian Ragsdale, PhD.

Consent for coordination of treatment: I authorize permission for Mary Andrus, ATR, LCPC to contact my primary care physician and/or psychiatrist to coordinate treatment.

Accept Decline

I've received a copy of this document and understand the information contained within.

Signature

Date