

NOTICE OF PRIVACY PRACTICES

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Phone: 630-765-5747

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date

This Notice of Privacy Practices is effective as of **December 16, 2025**.

Our Responsibilities

I understand that your health information is personal and I am committed to protecting your privacy. This Notice explains how your **Protected Health Information (PHI)** may be used and disclosed, and describes your rights regarding that information.

I am required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of my legal duties and privacy practices
- Follow the terms of this Notice currently in effect

This Notice applies to all records created or maintained by **Cameron Bailes, LCSW**, whether services are provided in person or via telehealth.

I reserve the right to change this Notice. Any changes will apply to all PHI maintained and will be made available upon request and, when applicable, through my website.

How I May Use and Disclose Your Health Information

For Treatment, Payment, and Health Care Operations

I may use or disclose your PHI without your written authorization for purposes related to:

- Providing, coordinating, or managing your mental health care
- Billing, payment, and practice operations
- Appointment reminders and administrative communication

For example, I may consult with another licensed health care provider regarding your care or submit information for billing or payment processing.

Uses and disclosures for treatment purposes are **not limited** to the minimum necessary standard, as access to complete information is often required to provide appropriate care.

Legal and Administrative Disclosures

I may disclose PHI as required or permitted by law, including:

- In response to a court order, subpoena, or lawful process
- For health oversight activities such as audits or investigations
- To prevent or reduce a serious threat to health or safety
- For law enforcement purposes as required by law

Whenever possible and appropriate, I will make reasonable efforts to notify you before such disclosures.

Uses and Disclosures Requiring Your Authorization

Psychotherapy Notes

I maintain psychotherapy notes as defined by HIPAA. These notes are kept separate from your medical record and are not disclosed without your written authorization, except as permitted by law, including:

- For my use in providing treatment
- For supervision or training purposes
- To defend myself in legal proceedings initiated by you
- When required by law

Marketing

I will not use or disclose your PHI for marketing purposes without your written authorization. If authorization is provided, you may revoke it in writing at any time.

Sale of PHI

I do not sell your PHI.

Uses and Disclosures That Do Not Require Authorization

Subject to applicable law, I may use or disclose PHI without authorization for:

- Appointment reminders or care-related communications
 - Public health and safety activities
 - Health oversight activities
 - Judicial and administrative proceedings
 - Law enforcement purposes
 - Research activities (with required safeguards)
 - Workers' compensation claims, as required by law
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Disclosures to Others Involved in Your Care

You may choose to allow me to share information with a family member, friend, or other individual involved in your care or payment for services. You may object to or revoke this permission at any time, except in emergency circumstances where disclosure is necessary to reduce a serious and immediate threat.

Your Rights Regarding Your Health Information

You have the right to:

- **Request restrictions** on certain uses or disclosures of your PHI (requests may not always be granted)
- **Request confidential communications**, such as receiving information in a specific way or at a specific location
- **Inspect and obtain a copy** of your PHI, with limited exceptions
- **Request corrections** to your PHI if you believe information is incorrect or incomplete
- **Request an accounting of disclosures** made outside of treatment, payment, or health care operations
- **Receive a paper or electronic copy** of this Notice at any time
- **Designate a personal representative** to act on your behalf
- **Revoke an authorization** in writing, when applicable
- **File a complaint** if you believe your privacy rights have been violated

Complaints

If you believe your privacy rights have been violated, you may file a complaint by contacting:

Cameron Bailes, LCSW

Phone: 630-765-5747

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Filing a complaint will not result in retaliation.

Changes to This Notice

I reserve the right to change this Notice. Any changes will apply to all PHI maintained and will be available upon request and through appropriate practice channels.