Notice of Privacy Practices

Soulful Relationship Therapy
Illinois

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

This Notice of Privacy Practices describes how Soulful Relationship Therapy may use and disclose your protected health information, your rights regarding your health information, and my legal responsibilities regarding your health information.

In this Notice, “I,” “me,” “my practice,” and “Soulful Relationship Therapy” refer to Raushanah Jackson, PhD, LMFT, and Soulful Relationship Therapy.

Provider: Raushanah Jackson, PhD, LMFT
Illinois LMFT License Number: 166.001202
Practice Name: Soulful Relationship Therapy
Practice Mailing Address: 401 N. Michigan Ave., PMB #1063, Chicago, IL 60611
Practice Phone: 312-985-6196
Practice Email: rjackson@soulfulmatters.com
Website: soulfulmatters.com

1. Who This Notice Applies To

This Notice applies to protected health information created, received, maintained, or transmitted by Soulful Relationship Therapy in connection with psychotherapy services, consultation related to your treatment, scheduling, billing, payment, health care operations, and related practice activities.

Protected health information may include information that identifies you and relates to your past, present, or future physical or mental health, health care services, or payment for health care services.

This Notice is intended for clients receiving services through Soulful Relationship Therapy while physically located in Illinois.

2. My Duties Regarding Your Health Information

I am required by law to:

- maintain the privacy and security of your protected health information;
- provide you with this Notice of Privacy Practices;
- follow the terms of the Notice currently in effect;
- notify you if a breach occurs that may have compromised the privacy or security of your protected health information;
- not use or disclose your protected health information except as described in this Notice or as otherwise permitted or required by law.

I may change the terms of this Notice in the future. If I make changes, the revised Notice will apply to all protected health information maintained by Soulful Relationship Therapy. The current Notice will be available upon request and may also be available through the client portal or website.

3. How I May Use and Disclose Your Health Information

Soulful Relationship Therapy may use and disclose your health information for treatment, payment, and health care operations.

Treatment

I may use and disclose your health information to provide, coordinate, or support your treatment. For example, I may use your health information to understand your concerns, develop a treatment plan, document clinical services, consult with another health care provider, coordinate care with a provider you authorize, or support continuity of care.

Payment

I may use and disclose your health information to bill for services and obtain payment. For example, I may use or disclose limited information to process payment, submit insurance claims when applicable, provide superbills, determine eligibility or benefits, respond to payment questions, or communicate with your insurance plan when permitted or required.

Health Care Operations

I may use and disclose your health information for practice operations. For example, I may use or disclose information for scheduling, documentation, quality review, legal or ethical consultation, risk management, licensing or compliance matters, technology support, billing administration, or other activities necessary to operate Soulful Relationship Therapy.

Practice Technology and Business Associates

Soulful Relationship Therapy uses practice technology to support telehealth, electronic health records, client portal access, forms, signatures, billing, payment processing, practice communication, documentation, recordkeeping, and related practice operations.

When a vendor or service provider creates, receives, maintains, or transmits protected health information on behalf of Soulful Relationship Therapy, that vendor is expected to protect the information consistent with applicable privacy and security requirements, including a Business Associate Agreement when required by HIPAA.

Administrative Communication

I may use or disclose limited health information to contact you about appointments, scheduling, forms, billing, payment, or practice-related matters. Communications may occur through the client portal, phone, voicemail, text, email, mail, or other practice communication systems, depending on the nature of the communication and your stated preferences.

4. Uses and Disclosures That May Occur Without Your Authorization

I may use or disclose your health information without your written authorization when permitted or required by law. These may include, but are not limited to:

- when required by federal, state, or local law;
- to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of another person;
- to report suspected abuse, neglect, or exploitation of a child, elder, dependent adult, or other protected person;
- for health oversight activities, such as audits, investigations, inspections, licensing, disciplinary matters, or compliance reviews;
- in response to a court order, subpoena, discovery request, or other lawful legal process, when legally required or permitted;
- for law enforcement purposes when required or permitted by law;
- to coroners, medical examiners, or funeral directors when required or permitted by law;
- for workers' compensation or similar programs when authorized by law;
- for certain public health, safety, or government functions when required or permitted by law;
- to the U.S. Department of Health and Human Services, if required, to determine compliance with federal privacy law;
- as necessary to respond to or defend against a legal, civil, criminal, licensing, disciplinary, ethical, billing, or insurance-related claim, complaint, investigation, or proceeding.

When appropriate and legally permitted, I may seek to limit a disclosure, request clarification, consult with legal counsel, or notify you before disclosure.

5. Uses and Disclosures Requiring Written Authorization

In general, I will not use or disclose your health information for purposes other than treatment, payment, health care operations, or other purposes permitted or required by law unless you provide written authorization.

Written authorization is generally required for:

- releasing records to a third party when not otherwise permitted or required by law;
- disclosing information to an attorney, school, employer, family member, partner, agency, or other outside person or organization, unless another legal basis applies;
- most uses and disclosures of psychotherapy notes;
- marketing communications, except in limited circumstances permitted by law;
- sale of protected health information;
- other uses and disclosures not described in this Notice.

You may revoke an authorization in writing at any time. Revocation will not affect uses or disclosures already made in reliance on your authorization.

6. Psychotherapy Notes

In some circumstances, I may keep psychotherapy notes separate from the clinical record. Psychotherapy notes are notes recorded by a mental health professional documenting or analyzing the contents of a counseling session and kept separate from the rest of the medical record.

Psychotherapy notes are treated with additional privacy protections under HIPAA. Most uses and disclosures of psychotherapy notes require your written authorization, except in certain limited circumstances permitted by law.

Psychotherapy notes are different from progress notes, treatment plans, diagnosis, dates of service, billing records, appointment information, crisis or safety documentation, releases of information, and other information that may be included in the clinical or administrative record.

7. Your Privacy Rights

You have rights regarding your health information. Some rights may be subject to limits, exceptions, or legal requirements.

Right to Inspect and Receive a Copy of Your Records

You may request to inspect or receive a copy of health information maintained in your record. I will respond to record requests consistent with applicable law. In some circumstances, access may be limited, denied, or provided in a different format as permitted by law.

Right to Request an Amendment

You may ask me to amend health information in your record if you believe it is incorrect or incomplete. I may deny the request in certain circumstances, such as when the information is accurate and complete, was not created by me, is not part of the record maintained by Soulful Relationship Therapy, or is not information you would be permitted to inspect or copy.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your health information. This is called an accounting of disclosures. The accounting may not include every disclosure, such as disclosures made for treatment, payment, health care operations, disclosures made to you, disclosures made with your authorization, or other disclosures excluded by law.

Right to Request Restrictions

You may request that I limit how your health information is used or disclosed for treatment, payment, or health care operations. I am not required to agree to every requested restriction. If I agree to a restriction, I will follow it unless the information is needed for emergency treatment or another exception applies.

If you pay out of pocket in full for a service and ask me not to disclose information about that service to your health plan for payment or health care operations, I will follow that request unless disclosure is required by law.

Right to Request Confidential Communications

You have the right to request that I communicate with you in a specific way or at a specific location. For example, you may ask that I contact you only through the client portal, by a particular phone number, or at a particular mailing address.

I will make reasonable efforts to accommodate reasonable requests. Some communication methods, such as regular email, text message, voicemail, or mail sent to a shared address, may carry additional privacy or security risks. If you request communication through a method that may be less private or less secure, I may discuss those risks with you, offer a more secure alternative when available, and document your stated preference.

I may limit the type or amount of information shared through less-secure methods. For example, I may use email or text for scheduling or brief administrative communication while directing more sensitive clinical, billing, records, or release-of-information matters to the client portal or another more secure method.

I may decline or suggest an alternative if a requested communication method is not reasonable, clinically appropriate, administratively feasible, legally permissible, or sufficient to protect safety or continuity of care.

Right to a Paper or Electronic Copy of This Notice

You have the right to receive a paper or electronic copy of this Notice of Privacy Practices at any time. You may request a copy from Soulful Relationship Therapy. The Notice may also be available through the client portal or website.

Right to Choose Someone to Act for You

If you have given someone legal authority to act for you, such as through a health care power of attorney, legal guardianship, or other legally recognized authority, that person may be able to exercise your rights and make choices about your health information. I may require documentation of that person's authority before acting on the request.

Right to File a Complaint

You have the right to file a complaint if you believe your privacy rights have been violated. You may contact Soulful Relationship Therapy directly using the contact information in this Notice. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You will not be retaliated against for filing a complaint.

8. Your Choices About Certain Uses and Disclosures

In some situations, you may tell me your preferences about how your health information is used or disclosed.

For example, you may ask me to share information with a family member, partner, close friend, caregiver, or another person involved in your care.

In general, I will ask for your written authorization before sharing information with someone outside your treatment, payment, or health care operations unless another legal basis applies.

If you are unable to tell me your preference, such as in an emergency or urgent safety situation, I may share information if I believe it is in your best interest and permitted by law.

9. Electronic Communication, Telehealth, AI, and Recording

Soulful Relationship Therapy provides services by telehealth and uses practice technology to support treatment, payment, and health care operations. This may include telehealth platforms, electronic health records, client portal systems, electronic forms, electronic signatures, billing and payment systems, practice phone, voicemail, text, email, and other communication systems.

Reasonable efforts are made to use privacy-protected systems and appropriate safeguards. However, no electronic system or communication method can be guaranteed to be completely private, secure, uninterrupted, or error-free.

Please do not use email, text, voicemail, website contact forms, or portal messages for emergencies because these methods may not be reviewed quickly enough for urgent or crisis needs.

Soulful Relationship Therapy may use secure, privacy-protected, BAA-covered technology tools to assist with clinical documentation, transcription, summarization, or note preparation. These tools support documentation but do not replace my clinical judgment. I remain responsible for reviewing, editing, and finalizing the clinical record.

Technology services that are not covered by an appropriate Business Associate Agreement are not used by Soulful Relationship Therapy to store, process, or transmit identifiable client information or protected health information.

Sessions are not recorded as a routine part of therapy unless we have discussed this and you have provided written consent. If recording or transcription is requested for documentation support, consultation, supervision, or training, a separate consent form will explain the purpose, who may access the material, how it will be stored, how long it will be retained, and your right to decline or revoke consent going forward.

10. Couple, Family, and Conjoint Therapy Records

When I provide couple, family, or conjoint therapy, the unit of treatment is the relationship, couple, family, or agreed-upon relational system, rather than one individual alone.

Couple and family therapy involves special confidentiality, communication, recordkeeping, and consent issues. These issues are addressed more fully in the Couple/Family Therapy Agreement.

In general, the unit of treatment may be represented by one primary file for billing, clinical documentation, and administrative purposes, while each participant may also have an individual chart for intake and disclosure forms.

Requests for records or releases of information in couple or family therapy may require authorization from all legally appropriate participating members, depending on the nature of the request, the record, and applicable law.

11. Specially Protected Information

Some types of health information may receive additional privacy protections under federal or state law.

This may include certain information related to mental health treatment, psychotherapy notes, substance use disorder treatment records, HIV/AIDS or communicable disease information, genetic information, reproductive health care information, sexual assault or domestic violence services, or other specially protected categories of information.

When additional protections apply, Soulful Relationship Therapy will use and disclose the information consistent with applicable law.

Soulful Relationship Therapy is not a federally assisted substance use disorder treatment program. If Soulful Relationship Therapy receives records from a program or provider that are subject to additional confidentiality protections, those protections may limit how the information can be used or redisclosed.

12. Breach Notification

If there is a breach involving your unsecured protected health information, I will notify you as required by law.

The notice will include information required by applicable law, which may include what happened, what information was involved, steps you may consider taking, what I am doing to investigate or reduce harm, and how you may contact me for more information.

13. Changes to This Notice

I may change this Notice at any time.

If the Notice changes, the revised Notice will apply to health information I already have about you as well as information I receive or create in the future.

The current Notice will be available upon request and may also be made available through the client portal or website.

14. Questions or Complaints

If you have questions about this Notice, your privacy rights, or how your health information may be used or disclosed, you may contact:

Raushanah Jackson, PhD, LMFT
Soulful Relationship Therapy
401 N. Michigan Ave., PMB #1063
Chicago, IL 60611

Phone: 312-985-6196
Email: rjackson@soulfulmatters.com
Website: soulfulmatters.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. The Office for Civil Rights is a federal agency, not a state agency.

You will not be penalized or retaliated against for filing a complaint.

Complaints may be submitted through the OCR Complaint Portal, by email, or by mail.

Mailing address:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Email: OCRComplaint@hhs.gov
Phone: (800) 368-1019
TDD: (800) 537-7697