

NOTICE OF PRIVACY PRACTICES

Re-Tune Psychological and Consulting Services PLLC

Effective Date: November 26, 2025

This Notice describes how your medical and mental health information may be used and disclosed, and how you can access this information. Please review it carefully.

Re-Tune Psychological and Consulting Services PLLC (“Re-Tune,” “the Practice,” “we,” or “our”) is required by law to maintain the privacy of your Protected Health Information (“PHI”), provide you with this Notice of our legal duties and privacy practices, and follow the terms of the Notice currently in effect.

1. Your Protected Health Information

PHI is information that identifies you and relates to your past, present, or future physical or mental health condition, the provision of health care, or the payment for such care.

This Notice applies to all PHI we create or maintain about you.

2. How We May Use and Disclose Your PHI

We may use or disclose your PHI in the following ways without your written authorization:

A. Treatment

We may use or disclose PHI to provide, coordinate, or manage your care. This may include consultation with other health care providers involved in your treatment.

B. Payment

We may use or disclose PHI to obtain reimbursement for the services we provide, such as submitting claims to your insurer or verifying benefits.

C. Health Care Operations

We may use or disclose PHI for activities necessary to run our practice, improve services, or ensure quality care. Examples include supervision, auditing, licensing, training, and administrative processes.

3. Additional Disclosures Permitted or Required by Law

We may also use or disclose your PHI without your authorization in the following circumstances:

- **When required by federal, state, or local law**
- **To avert a serious threat to health or safety**
- **To report suspected abuse, neglect, or exploitation**, as required by Illinois law
- **For health oversight activities**, such as audits, inspections, or investigations
- **For judicial or administrative proceedings**, in response to a court order
- **For law enforcement purposes**, as legally permitted
- **For public health activities**, including disease reporting
- **For specialized government functions**, such as national security or military activities
- **For workers’ compensation claims**

We will only disclose the minimum necessary information.

4. Uses and Disclosures Requiring Your Written Authorization

We will obtain your **written authorization** before using or disclosing your PHI for purposes not described in this Notice, including:

- **Psychotherapy Notes**, except for limited circumstances permitted by law
- **Marketing communications** not otherwise permitted
- **Sale of PHI**
- **Most disclosures to third parties not involved in your care**

You may revoke an authorization at any time in writing, unless we have already relied on it.

5. Your Rights Regarding Your PHI

You have the following rights under HIPAA and, where applicable, Illinois law:

A. Right to Access and Inspect

You may request to view or obtain a copy of your PHI. Requests must be in writing. We may charge a reasonable, cost-based fee as permitted by law.

B. Right to Request Amendments

You may request an amendment to your PHI if you believe it is incorrect or incomplete. We may deny your request in certain circumstances, but you can submit a written statement of disagreement.

C. Right to Request Confidential Communications

You may request that we contact you in a specific way (e.g., at a different address, phone number, or email). We will accommodate reasonable requests.

D. Right to Request Restrictions

You may request limitations on how we use or disclose your PHI for treatment, payment, or operations. While we are not required to agree to all restrictions, **we must honor a request not to disclose PHI to your health plan** if you have paid in full for the services out of pocket.

E. Right to an Accounting of Disclosures

You may request a list of certain disclosures we made in the past six years that were not related to treatment, payment, or operations.

F. Right to a Paper or Electronic Copy of This Notice

You may request a paper or electronic copy of this Notice at any time.

6. Illinois-Specific Privacy Protections

Illinois law provides **additional confidentiality protections** for mental health records under the **Illinois Mental Health and Developmental Disabilities Confidentiality Act (MHDDCA)**.

When Illinois law is stricter than HIPAA, we will follow the stricter law.

This may limit or restrict disclosures related to psychotherapy, treatment planning, or sensitive information unless specifically permitted by Illinois statute or authorized by you.

7. Our Duties

Re-Tune Psychological and Consulting Services PLLC is required to:

- Maintain the privacy and security of your PHI
- Notify you in the event of a breach of unsecured PHI
- Provide you with this Notice and abide by its terms
- Notify you if we change our privacy practices

We reserve the right to change this Notice at any time. Changes will apply to all PHI we maintain, and an updated Notice will be made available in our office and on our website.

8. Questions or Complaints

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

Privacy Officer

Re-Tune Psychological and Consulting Services PLLC
47 W Polk St Ste #100 MB 116
Chicago, IL 60605
Email: konadu@retunepsych.com
Phone: (872) 216-0157

You may also file a complaint with:

Office for Civil Rights (OCR)

U.S. Department of Health and Human Services
Website: www.hhs.gov/ocr/privacy/hipaa/complaints
We will not retaliate against you for filing a complaint.

9. Contact Information

If you have questions about this Notice or how your PHI is handled, please contact:

Re-Tune Psychological and Consulting Services PLLC
47 W Polk St Ste #100 MB 116
Chicago, IL 60605
Email: konadu@retunepsych.com
Phone: (872) 216-0157