MISFITS COUNSELING, PLLC
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NOTICE OF PRIVACY PRACTICES

Effective Date: August 2, 2026

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

OUR COMMITMENT TO YOUR PRIVACY

At Misfits Counseling, PLLC, we understand that information about your mental health and healthcare is personal. We are committed to protecting the privacy of your protected health information ("PHI").

We create records regarding the care and services you receive from us. These records are necessary to provide quality care, maintain appropriate documentation, and comply with legal and professional requirements.

This Notice of Privacy Practices explains:

- How we may use and disclose your health information;
- Your rights regarding your health information; and
- Our responsibilities regarding the protection of your health information.

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with this Notice explaining our legal duties and privacy practices; and
- Follow the privacy practices described in the current version of this Notice.

We reserve the right to change the terms of this Notice at any time. Any changes will apply to all health information maintained by Misfits Counseling, PLLC. Updated versions of this Notice will be available upon request.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe ways in which we may use or disclose your PHI. Not every possible use or disclosure is listed; however, all uses and disclosures will fall within one of the categories permitted by law.

Treatment
We may use and disclose your PHI to provide, coordinate, or manage your mental health treatment.

For example, we may consult with another licensed healthcare professional involved in your care when necessary to provide appropriate treatment.

Payment
We may use and disclose your PHI to obtain payment for services provided.

For example, if you use health insurance, we may provide information necessary for your insurance company to process claims, determine eligibility, or review services provided.

Healthcare Operations
We may use and disclose your PHI for healthcare operations necessary to operate our practice and maintain quality care.

Examples may include:

- Reviewing treatment practices;
- Quality improvement activities;
- Professional consultations; and
- Administrative functions related to operating the practice.

Professional Consultation
At times, we may consult with other licensed professionals to improve the quality of your care. When consultation occurs, we make reasonable efforts to protect your privacy and limit identifying information whenever possible.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION
Certain uses and disclosures of your PHI require your written authorization.

Examples include:

Psychotherapy Notes
Psychotherapy notes receive special protection under HIPAA. Any use or disclosure of psychotherapy notes generally requires your written authorization unless otherwise permitted or required by law.

Psychotherapy notes are separate from your general medical record and include private notes created by a mental health professional documenting the contents of therapy sessions.

Marketing
Misfits Counseling, PLLC will not use or disclose your PHI for marketing purposes without your written authorization.

Sale of Protected Health Information
Misfits Counseling, PLLC will not sell your PHI.

Other Uses and Disclosures
Any other use or disclosure of your PHI not described in this Notice or permitted by law will require your written authorization.

You may revoke an authorization in writing at any time, except to the extent that action has already been taken based on your authorization.

USES AND DISCLOSURES PERMITTED WITHOUT YOUR AUTHORIZATION

We may use or disclose your PHI without your written authorization in certain circumstances, including:

Required by Law
When required by federal, state, or local law.

Public Health and Safety
When necessary for public health activities or to prevent or reduce a serious threat to the health or safety of a person or the public.

Abuse, Neglect, or Exploitation Reporting
When required to report suspected abuse, neglect, or exploitation involving:

- Children;
- Adults with disabilities;
- Older adults protected under applicable Illinois law.

Health Oversight Activities
For activities such as audits, investigations, inspections, and licensing reviews.

Legal Proceedings
In response to court orders, subpoenas, or other legal processes when permitted or required by law.

Law Enforcement
When required for certain law enforcement purposes.

Coroners and Medical Examiners
When required for duties authorized by law.

Workers' Compensation
When necessary to comply with workers' compensation laws.

Appointment Reminders and Treatment Information
We may contact you regarding appointments, treatment options, or other services available through our practice.

DISCLOSURES TO FAMILY MEMBERS OR OTHERS INVOLVED IN YOUR CARE

We may disclose limited information to a family member, friend, or another person involved in your care or payment for services if you agree or do not object when given the opportunity.

In emergency situations, we may disclose information when necessary to protect your health or safety or the health or safety of others.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Request Restrictions
You have the right to request restrictions on certain uses and disclosures of your PHI.

We are not required to agree to every request; however, we will consider your request carefully.

Right to Request Confidential Communications
You have the right to request that we communicate with you in a specific way or at a specific location.

We will make reasonable efforts to accommodate reasonable requests.

Right to Access Your Health Information
You have the right to inspect and obtain copies of your health information, with certain exceptions.

Requests must be made in writing. We may charge a reasonable, cost-based fee when permitted by law.

Psychotherapy notes are maintained separately and are not generally available through a standard medical record request.

Right to Request an Accounting of Disclosures
You have the right to request a list of certain disclosures of your PHI made by Misfits Counseling, PLLC.

This accounting does not include all disclosures, such as those made for treatment, payment, or healthcare operations.

Right to Request an Amendment
You have the right to request corrections or additions to your health information if you believe information is inaccurate or incomplete.

We may deny requests in certain circumstances but will provide a written explanation.

Right to Receive a Copy of This Notice
You have the right to receive a paper copy of this Notice of Privacy Practices.

You may also request an electronic copy.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, please contact:

Daniel J. Rone, MSW, LCSW
Misfits Counseling, PLLC
1711 W. Jarvis Ave., Unit 105
Chicago, IL 60626-1648
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Email: drone@misfitscounseling.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You will not be penalized or retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received and reviewed a copy of the Misfits Counseling, PLLC Notice of Privacy Practices.

I understand that this acknowledgment confirms receipt of the Notice and does not constitute authorization for uses or disclosures of my protected health information beyond those permitted by law or described in the Notice.