

Jeri Srur, LCSW, NBCCH, ACHT  
P.O. Box 877 • Glenview, IL 60016  
Mobile: 847-722-9927 •  
[jerishearhelp.com](http://jerishearhelp.com)

## **Your Information. Your Rights. Our Responsibilities.**

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, then sign and date it on page six (6).**

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds

### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests: *this is in this form by law but is not applicable to A Healing Soul, Ltd.*
- Work with a medical examiner or funeral director: *this is in this form by law but is not applicable to A Healing Soul, Ltd.*
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

---

Patient Signature/Date

JLSYIYROR112024