



# GKB Neuropsychology

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## NOTICE OF PRIVACY PRACTICES HIPAA PRIVACY POLICY STATEMENT

Effective Date: 11/8/2025

**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.**

George K. Bialkowski, Psy.D., PLLC, doing business as GKB Neuropsychology, is required by federal law to protect the privacy and security of your health information. This health information is called protected health information, or PHI. PHI refers to information that identifies you and relates to your past, present, or future physical or mental health or condition, the health care you receive, or payment for that care.

This Notice describes how we may use and disclose your PHI, what your rights are, and what our legal duties are with respect to your information.

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### SECTION 1: OUR LEGAL DUTIES

We are required by federal law to:

- Maintain the privacy of your PHI.
- Provide you with this Notice of our legal duties and privacy practices.
- Notify you if a breach occurs that compromises the privacy or security of your PHI when the law requires notification.
- Follow the terms of the Notice that are currently in effect.

We reserve the right to change our privacy practices and this Notice at any time, as permitted by law. Any revised Notice will apply to all PHI that we maintain, including information created before the revision. When we change this Notice, we will post the new version in our office and on our website if one is available. You may request a paper copy of the current Notice at any visit.

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### SECTION 2: HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The law allows us to use and disclose your PHI for certain purposes without your written authorization. The following are examples of those purposes. Not every possible use or disclosure can be listed, but all will fall within these categories or within those that require written authorization.

#### A. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your evaluation and related services. Examples include:

- Gathering your history and symptoms during the intake process.
- Reviewing medical, psychological, or educational records from other providers.
- Consulting with your referring physician, therapist, or other professionals involved in your care.
- Sending your neuropsychological report or summary findings to the referring provider for continuity of care.

**B. Payment**

We may use and disclose your PHI to obtain payment for services rendered. Examples include:

- Submitting claims to your health insurance plan.
- Providing necessary details to verify benefits or obtain preauthorization.
- Responding to inquiries from insurance companies about diagnoses, treatment dates, or procedures.
- Billing a facility or responsible party that has agreed to pay for your evaluation.

Only the minimum necessary information is disclosed for payment-related purposes.

**C. Health Care Operations**

We may use and disclose your PHI for the internal operations of GKB Neuropsychology. Examples include:

- Quality assessment and improvement activities.
- Peer consultation or professional supervision (under strict confidentiality).
- Training and education of authorized staff.
- Licensing, auditing, or legal compliance reviews.

If we engage a business associate (for example, an electronic record vendor or billing company), that associate is bound by written agreement to safeguard your PHI and use it only for the contracted purpose.

**D. Appointment Reminders and Administrative Communications**

We may use your contact information to remind you of appointments or communicate about scheduling, billing, or other administrative matters. Contact may occur via telephone, voicemail, mail, or email according to your stated preferences.

**E. Persons Involved in Your Care**

With your permission, we may share relevant information with family members, caregivers, or others involved in your care or payment for services. In emergencies or situations where you are unable to provide consent, information may be shared if deemed necessary and appropriate under applicable law.

**F. Public Health and Safety**

We may disclose PHI for public health and safety reasons, including:

- Reporting suspected abuse or neglect of a child, elder, or dependent adult.
- Reporting communicable diseases when required by law.
- Preventing or reducing a serious and imminent threat to your safety or the safety of others.

Disclosures in these cases are made only to those authorized by law to act.

**G. Health Oversight Activities**

We may disclose PHI to agencies for legally authorized oversight activities, including audits, investigations, licensure actions, or inspections.

**H. Legal Proceedings and Law Enforcement**

We may disclose PHI in response to a court order, subpoena, or other lawful process. We may also share limited information with law enforcement as required by law, such as for locating a missing person or complying with mandatory reporting requirements.

**I. Coroners, Medical Examiners, and Funeral Directors**

We may disclose PHI as necessary to identify a deceased individual, determine cause of death, or assist funeral directors in their duties.

**J. Research**

If we ever participate in research, PHI will be used or disclosed only as permitted by law and in most cases will require your written authorization.

**K. Workers' Compensation and Similar Programs**

We may disclose PHI to comply with laws related to workers' compensation or similar benefit programs.

**L. Specialized Government Functions**

In rare cases, PHI may be disclosed for military or national security purposes, or to correctional institutions as legally required.

**M. When Required by Law**

We will use or disclose PHI whenever a federal, state, or local law requires it. Such disclosures will be limited to the information required by law.

**SECTION 3: USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

Any use or disclosure of your PHI not covered in this Notice will require your written authorization. Examples include:

- Sending your full neuropsychological report to an attorney, employer, or third-party evaluator.
- Using your information for marketing or promotional purposes.
- Any sale or transfer of PHI (which we do not engage in).

If psychotherapy notes are maintained separately from your main record, those will not be disclosed without your specific written authorization, except when required by law.

Records related to substance use disorders are subject to additional protections under 42 C.F.R. Part 2. We comply fully with those stricter federal requirements.

You may revoke an authorization in writing at any time. Revocation will not affect any action already taken in reliance on your authorization.

**SECTION 4: PROHIBITED USES AND DISCLOSURES**

Federal law prohibits the use or disclosure of PHI related to reproductive health care for the purpose of investigating or imposing liability on a person for seeking, obtaining, providing, or assisting with lawful reproductive health services.

We will not use or disclose your PHI for any criminal, civil, or administrative investigation intended to penalize lawful reproductive health care.

If a third party requests PHI that could relate to reproductive health care, we will obtain a signed attestation confirming that the information will not be used for a prohibited purpose before releasing it.

We do not sell PHI or use PHI for fundraising purposes.

**SECTION 5: POTENTIAL FOR REDISCLOSURE**

When PHI is disclosed to individuals or entities not bound by HIPAA, those recipients may redisclose the information and it may no longer be protected. Other federal or state privacy laws may still apply in certain circumstances.

**SECTION 6: YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have several rights under federal law concerning your PHI:

**A. Right to Inspect and Obtain a Copy**

You may inspect or request copies of your record and billing information. Requests must be in writing. A reasonable cost-based fee may apply. Access may be denied in limited cases where disclosure would endanger your safety or that of another person. You will receive written notice if access is denied.

**B. Right to Request an Amendment**

You may request an amendment to your records if you believe information is inaccurate or incomplete. We may deny your request if the information was not created by us, is not part of the record, or is accurate as it stands.

**C. Right to an Accounting of Disclosures**

You may request a list of certain disclosures of your PHI made within the past six years. The first request in a 12-month period is free; a reasonable fee may apply for additional requests.

**D. Right to Request Restrictions**

You may request limitations on how we use or share your PHI for treatment, payment, or operations. We are not obligated to agree to all restrictions, but if we do, we will abide by them.

If you pay for a service out of pocket and ask us not to disclose that information to your health plan, we will honor that request unless legally required otherwise.

**E. Right to Request Confidential Communications**

You may request that we contact you through specific means (such as at work, by mail, or at a specific address). We will accommodate reasonable requests.

**F. Right to a Paper Copy of this Notice**

You may obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

**G. Right to Breach Notification**

You will be notified in the event of a breach of your unsecured PHI, as required by law.

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**SECTION 7: ELECTRONIC COMMUNICATIONS**

You may authorize communication via email or text for scheduling and administrative purposes. These methods are not fully secure. By using them, you acknowledge these risks and agree that such communications will be limited to non-clinical matters. You may revoke this authorization at any time in writing.

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**SECTION 8: QUESTIONS AND COMPLAINTS**

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

**George K. Bialkowski, Psy.D., PLLC (DBA GKB Neuropsychology)**

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Please note that this mailing address is for correspondence only. Appointments and evaluations take place at designated office or facility locations as scheduled.

If you believe your privacy rights have been violated, you may file a complaint with this office or directly with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.