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## NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

Effective Date 1 February 2026

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.

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get a copy of your health record**
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your health record**
  - You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.
- **Request confidential communications**
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- **Ask us to limit what we use or share**
  - You can ask us not to use or share certain health information for treatment, payment, or health care operations.
  - We are not required to agree to your request, and we may say "no" if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for purposes of payment or our operations. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information**
  - You can ask for a list (accounting) of certain disclosures of your health information for the six years prior to the date you ask. We will provide one accounting per year for free and may charge a reasonable, cost-based fee if you ask for another within 12 months.
- **Get a copy of this privacy notice**
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- **Choose someone to act for you**
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint if you feel your rights are violated**
  - You can complain if you feel we have violated your rights by contacting us using the information below.
  - You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.



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## Your Choices

For certain health information, you can tell us your choices about what we share.

- In these cases, you have both the right and choice to tell us to:
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation

*If you are not able to tell us your preference (for example, if you are unconscious), we may share your information if we believe it is in your best interest.*
- In these cases, we never share your information unless you give us written permission:
  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes

## Our Uses and Disclosures

We may use and share your health information in the following ways:

### Treatment

We can use your health information and share it with other professionals who are treating you, including consultation as appropriate.

### Health Care Operations

We can use and share your health information to run our practice, improve your care, and manage our operations.

Examples include quality assessment, licensing activities, and coordination with business associates who assist us (such as billing or record-management services), all of whom are required to protect your information.

### Payment

We may use and disclose your health information to obtain payment for services provided to you, when applicable.

If you pay for services out-of-pocket in full, you may request that we not disclose information to your health plan.

### Appointment reminders and communication

We may contact you to remind you of appointments or provide information related to your care. If you provide an email address, we may communicate with you electronically, recognizing that electronic communication carries some risk to confidentiality.

### Other Uses and Disclosures

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good – such as:

- Public health and safety activities: (e.g., reporting abuse, neglect, or domestic violence as required by law)
- Health oversight activities (such as audits or investigations)
- Judicial or administrative proceedings (in response to a court order or lawful subpoena)
- Serious threat to health or safety (to prevent or lessen a serious and imminent threat)
- Workers' compensation (as authorized by law)



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## **Our Responsibilities**

We are required by law to:

- Maintain the privacy and security of your protected health information
- Provide you with this notice of our legal duties and privacy practices
- Follow the terms of the notice currently in effect

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by notifying us in writing.

## **Changes to This Notice**

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and in our office.

## **Contact Information**

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