



## SPECIALIZED FORENSIC UNIT LLC

Mailing address: 3024 N. Ashland Ave., Suite 8432, Chicago, IL 60657-3012  
Office address: 2351 N. Southport Ave., Chicago, IL 60614 (before 6/1/2020)  
Office address: 303 2<sup>nd</sup> Street, Ste. 22, St. Charles, IL 60174 (after 6/1/2020)  
Email: [info@SFunit.com](mailto:info@SFunit.com)  
Phone: 800-488-9790  
Fax: 888-488-2604  
[www.SFunit.com](http://www.SFunit.com)

Specialized Forensic Unit LLC is a private nongovernmental organization. Our clinic provides services in wide variety of psychological assessment services to aid in treatment, forensic, educational, and vocational decision-making of clients throughout the life span. Each assessment is individualized to meet the client's specific needs. We provide psychological assessment services for diverse clientele, including individuals who are of varying abilities, including various developmental disabilities, cognitive abilities (intellectual disabled to intellectually gifted), or physical abilities; socioeconomic status; ethnicities; mental health diagnoses, and/or legal situations. We provide the following types of services for adults and children:

- Full psychological evaluations, including cognitive, achievement, adaptive, and personality testing; neurodevelopmental disorders, e.g., intellectual disability, global intellectual delay, communication disorders, attention-deficit/hyperactivity disorders (ADHD), motor disorders, autism spectrum disorder; neurocognitive disorders, e.g., various type of dementia or neurocognitive disorders
- Specific diagnostic evaluations
- Immigration-related evaluations
- Adult legal guardianships (in WI only)
- Disability evaluations (e.g., for social security benefits, etc.)
- Trauma evaluations (including for asylum, PTSD, credibility of reported trauma)
- FOID/firearm evaluations
- Fitness/competence to stand trial; and competence-related assessments, e.g., fitness to practice one's profession, fitness to sign legal documents for divorce, will, etc.
- Risk assessment (general dangerousness and sexual dangerousness)
- Evaluations for dispositional or sentencing purposes
- Psychosexual or sex offender evaluations (including penile plethysmograph tests [PPGs])
- Tele-psychology sex offender treatment for juveniles and adults
- Supervision for clinical licenses (i.e., LCSW, LCPC, psychologist, LSOE, and LSOTP)
- Please inquire about any other possible services of interest, consultative services, or supervision.

We provide our services in a professional and sensitive manner. The lead psychologist for this practice is Tetyana Kostyshyna, PsyD, LCPC, LSOE, LSOTP, certified PPG-examiner.

Dr. Kostyshyna is licensed in Illinois as a clinical psychologist, clinical professional counselor (LCPC), sex offender evaluator (LSOE), and sex offender treatment provider (LSOTP); in Wisconsin, she is licensed as a psychologist. She has been certified as a court expert witness in Illinois and Wisconsin courts and testified in cases pertaining to legal guardianship, protective services and protective placement, fitness/competency to stand trial evaluations, involuntarily detention due to mental illness and dangerousness, immigration, and sexually violent/dangerous person civil commitment cases.

Dr. Kostyshyna received her Doctoral and Master's degrees in Clinical Psychology from the Illinois School of Professional Psychology, an APA-accredited institution. She completed an APA-accredited internship at the Minnesota Department of Human Services (DHS) as well as a formal post-doctoral fellowship in clinical and forensic psychology at the Wisconsin DHS. She received two Master's degrees in psychology, one of which was received in Ukraine and makes her uniquely qualified in psychological testing pertaining to Russian-speaking population.

Dr. Kostyshyna is fluent in English, Russian, and Ukrainian, and can provide clinical and forensic services in these languages as needed.

Currently, Dr. Kostyshyna provides contractual services to Illinois Department of Corrections (IDOC), completing evaluations of dangerousness and providing court expert witness testimony. She also provides contractual services to foster care agencies, hospitals, courts, and private parties in Illinois and Wisconsin, completing clinical and forensic assessments of children, juveniles, and adults. Dr. Kostyshyna's CV is available on [www.SFunit.com/about](http://www.SFunit.com/about)

To make a referral for psychological evaluation, please fax this filled out packet to 888-488-2604. If you have any questions, please email to Dr. Kostyshyna at [tk@SFunit.com](mailto:tk@SFunit.com). If there are any questions or concerns, please contact our office directly via phone at 800-488-9790 or via general email at [info@SFunit.com](mailto:info@SFunit.com). Thank you for your interest in our services. We appreciate the opportunity to work with you!

## **NOTICE OF PRIVACY PRACTICES**

This notice describes how information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Specialized Forensic Unit LLC is committed to protecting the privacy of your personal and health information. At Specialized Forensic Unit LLC, we are committed to protecting the confidentiality of individuals' test results and other patient protected health information (PHI) that we collect or create as part of our services.

We urge you to read this Notice of Privacy Practices carefully so that you will understand both our commitment to the privacy of your PHI, and how you can participate in that commitment. Should you have any questions about this Notice or our privacy practices, please call us at 1-800-488-9790, send an email to [privacy@SFunit.com](mailto:privacy@SFunit.com), or write to us at the following address:

Specialized Forensic Unit LLC  
Attention: Privacy  
3024 North Ashland Avenue, # 8432  
Chicago, Illinois 60657-3012

## **PRIVACY POLICY**

Specialized Forensic Unit LLC and its employees or independent contractors are committed to obtaining, maintaining, using, and disclosing patient's protected health information (PHI) in a manner that protects patient's privacy. We will only use or disclose the minimum amount of your PHI we consider necessary to perform a job or complete an activity. This Notice applies to all PHI that we maintain.

Specialized Forensic Unit LLC is required by law to provide you with this Notice of Privacy Practices with respect to PHI, to maintain the privacy of PHI, to state the uses and disclosures of PHI that Specialized Forensic Unit LLC may make, and to list the rights of individuals and our legal duties with respect to their PHI. Your PHI at Specialized Forensic Unit LLC includes personal and medical information (such as your name, address, date of birth, testing results, etc.) that we obtain from you, your physician, health plan, or other sources. Your PHI also includes the results of your psychological testing and interview notes.

Specialized Forensic Unit LLC is required to abide by the terms of the Notice of Privacy Practices currently in effect. Specialized Forensic Unit LLC reserves the right to change the terms of this Notice of Privacy Practices and to make the provisions of the new Notice of Privacy Practices effective for all PHI that we maintain. The current Notice will be displayed on Specialized Forensic Unit LLC website and a paper copy is available upon request.

## **HOW SFU MAY USE AND DISCLOSE YOUR PHI**

Your PHI will be used or disclosed for treatment, payment or healthcare operations purposes and for other purposes permitted or required by law. Not every use or disclosure is listed; however, all of the ways we use or disclose your PHI will fall into one of the categories listed below.

"Use" applies only to activities within Specialized Forensic Unit LLC, including independently contracted personnel bound by confidentiality contracts. "Use" includes sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

**"Disclosure"** *applies to activities outside of Specialized Forensic Unit LLC, such as releasing, transferring, or providing access to information about you to other parties.*

**"Authorization"** *is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form (e.g., Specialized Forensic Unit LLC uses the Authorization to Release Records form). You have the right to revoke your authorization at any time, except if we have already made a disclosure based on that authorization.*

Specialized Forensic Unit LLC may use or disclose your PHI in the course of activities necessary to support our healthcare operations, such as performing quality checks on our testing, for teaching purposes or for developing normal reference ranges for tests that we perform.

Specialized Forensic Unit LLC does not need your authorization or permission to use or disclose your PHI for the following purposes:

**"Treatment"** *is when Specialized Forensic Unit LLC provides, coordinates, or manages your health care and other services related to your health care (i.e., when Specialized Forensic Unit LLC consults with another health care provider, such as your family physician or another psychologist).*

**"Payment"** *is when Specialized Forensic Unit LLC obtains reimbursement for your healthcare (i.e., when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage).*

**"Health Care Operations"** *are activities that relate to the performance and operation of Specialized Forensic Unit LLC (i.e., quality assessment and improvement activities, business-related matters of audits and administrative services, and case management and care coordination).*

## **DISCLOSURES TO BUSINESS ASSOCIATES**

Specialized Forensic Unit LLC may disclose your PHI to other companies or individuals who need your PHI in order to provide specific services to us. These other entities, known as "business associates," must comply with the terms of a contract designed to ensure that they will maintain the privacy and security of the PHI Specialized Forensic Unit LLC provides to them or which they create on Specialized Forensic Unit LLC behalf. Specialized Forensic Unit LLC's business associates must only use your PHI for designated treatment, payment, or health care operations purposes that they perform on our behalf. For example, Specialized Forensic Unit LLC may disclose your PHI to temporary employees or independent contractors (*i.e., psychological associates, psychological technicians, editors, etc.*).

## **AS PERMITTED OR REQUIRED BY LAW**

Specialized Forensic Unit LLC may use or disclose your PHI for various public policy purposes that are authorized or required by federal or state law. For example, Specialized Forensic Unit LLC is required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services ("HHS") upon request. Specialized Forensic Unit LLC must provide you with copies of your PHI at your request, except when restricted or prohibited by state law. Specialized Forensic Unit LLC will provide the information regarding your specific state to you upon request.

## **OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION**

Specialized Forensic Unit LLC may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances, when Specialized Forensic Unit LLC

is asked for information for purposes outside of treatment, payment, or health care operations, Specialized Forensic Unit LLC will obtain an authorization from you before releasing this information. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that Specialized Forensic Unit LLC have relied on that authorization; or if the authorization was obtained as a condition of obtaining insurance coverage.

#### **OTHER USES AND DISCLOSURES WITHOUT AUTHORIZATION**

Specialized Forensic Unit LLC may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse:** If Specialized Forensic Unit LLC knows or has cause to suspect that a child has been abused or neglected, Specialized Forensic Unit LLC must report the matter to the appropriate authorities as required by law.

**Adult and Domestic Abuse:** If Specialized Forensic Unit LLC suspects that an adult has been abused, neglected, or exploited and Specialized Forensic Unit LLC has cause to suspect that the adult is incapacitated or dependent, Specialized Forensic Unit LLC must report the matter to the appropriate authorities as required by law.

**Health Oversight Activities:** Specialized Forensic Unit LLC may disclose PHI to the state psychology board, or one of its representatives, pursuant to standards or regulations for regulation, accreditation, licensure, or certification.

**Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and Specialized Forensic Unit LLC will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

**Serious Threat to Health or Safety:** If, in Specialized Forensic Unit LLC's professional judgment, you pose a direct threat of imminent harm to the health or safety of any individual, including yourself, Specialized Forensic Unit LLC may disclose PHI to the appropriate persons.

**Worker's Compensation:** Specialized Forensic Unit LLC may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

#### **PATIENT'S RIGHTS**

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information. However, Specialized Forensic Unit LLC is not required to agree to a restriction you request.

**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing a professional at our agency. On your request, Specialized Forensic Unit LLC may send your bills to another address.

**Right to Inspect and Copy:** You (or your authorized or designated personal representative) have the right to inspect and/or obtain a copy of your PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Specialized Forensic Unit LLC may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. Specialized Forensic Unit LLC must permit

you to request access to inspect and/or to obtain a copy of Psychotherapy Notes, unless Specialized Forensic Unit LLC believes that such access would be detrimental to your health. If you are denied access to Psychotherapy Notes, it is possible, upon presentation of a written authorization signed by you, that such notes or a "narrative" of the notes may be made available to your "authorized representative." Specialized Forensic Unit LLC can discuss the details of the request and denial process.

**Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Specialized Forensic Unit LLC may deny your request. On your request, Specialized Forensic Unit LLC will discuss with you the details of the amendment process.

**Right to an Accounting:** You have the right to receive an accounting of disclosures of your PHI that were made by Specialized Forensic Unit LLC for a period of up to six years prior to the date of your written request. Under the law, this accounting does not include disclosures made for purposes of treatment, payment, health care operations, or certain other excluded purposes, but includes other types of disclosures, including disclosures for public health reporting or in response to a court order.

**Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from Specialized Forensic Unit LLC upon request, even if you have agreed to receive the notice electronically.

## **PSYCHOLOGIST'S DUTIES**

Specialized Forensic Unit LLC is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. Specialized Forensic Unit LLC reserves the right to change the privacy policies and practices described in this notice. Unless Specialized Forensic Unit LLC notifies you of such changes, however, Specialized Forensic Unit LLC is required to abide by the terms currently in effect.

## **NOTE REGARDING STATE LAW**

For all of the above purposes, in cases where state law is more restrictive than federal law, Specialized Forensic Unit LLC is required to follow the more restrictive state law.

## **HOW TO CONTACT US**

If you have questions or concerns regarding the privacy or confidentiality of your PHI, or you wish to register a complaint, please contact Specialized Forensic Unit LLC by writing to the address located at the beginning of this notice, by calling at 1-800-488-9790, or by sending an email to [privacy@SFunit.com](mailto:privacy@SFunit.com). Specialized Forensic Unit LLC reserves the right to amend this Notice of Privacy Practices, at any time, to reflect changes in our privacy practices, and these changes will apply retroactively. Any such changes will be applicable to and effective for all Protected Health Information (PHI) that we maintain including PHI we created or received prior to the effective date of the Notice revision.

**PSYCHOLOGICAL SERVICES INFORMED CONSENT**

Examinee name: \_\_\_\_\_ Examinee’s date of birth: \_\_\_\_\_

I agree to undergo psychological testing/evaluation, administered by Specialized Forensic Unit, LLC (“SF”) staff, a private nongovernmental organization. I understand that SF clinic is a testing site and does not provide psychotherapy treatment. I am free to seek psychotherapy treatment anywhere else and SF clinic can provide me with referrals upon my request.

I understand that the testing process involves the completion of a variety of psychological assessment instruments and personal interviews. The total time of the evaluation may vary and will depend upon the questions I, or the referral source (who made the testing referral) might have. I understand that I may experience emotional distress because of the personal nature of some of the information solicited by the testing process. I understand that the results of this evaluation may or may not be helpful to me and that SF clinic cannot predict the outcomes of this evaluation.

I understand that after the testing process is completed, a report based on the results of the testing and information I provided, will be written. I will receive a copy of this report. Additionally, a copy of my report will be kept in my treatment record at SF clinic, and, if applicable, the permission of the requesting party may be required. Unless I indicate otherwise in writing to SF clinic, this report will be given to the person or entity who referred me, depending on who hired SF clinic to complete this evaluation. An appointment with SF clinic will be scheduled to discuss the results of my evaluation and, if applicable, the permission of the requesting party may be required.

LIMITS OF CONFIDENTIALITY: I understand that like all treatment records, psychological reports/evaluations, and results of psychological testing are confidential and can be released only with my written consent authorizing such release. I read and understood the Notice of Privacy Practices. I understand that my participation in this evaluation is voluntary and that the evaluation will not be conducted without my signature on this document. I understand that I have the right to stop the evaluation at any time. In addition, if I cancel my appointments within 24 hours of the appointment time, the financially responsible party will incur charges for the unused time that has been set aside for these services. I understand that the evaluation process itself consists of two separate parts, an oral interview and psychological testing. In addition, it may be necessary for Specialized Forensic Unit, LLC clinic to review other related materials such as my health records, previous psychological evaluations, transcripts, etc. I understand that if, at any time, I have a question about any aspect of the evaluation, I can ask Specialized Forensic Unit, LLC staff any clarifying questions.

I have read, understood, and agreed to the following statement as the conditions under which I have given this consent. I also understand that with written notice, I can revoke this consent at any time.

\_\_\_\_\_  
Examinee’s first/last name, signature (minors age 12-17 and adults with guardians) date

\_\_\_\_\_  
Legal guardian’s first/last name, signature date





**AUTHORIZATION TO RELEASE RECORDS**

*(Please check all applicable boxes)*

¶ I understand that my treatment and assessment information is confidential, unless I am completing court-ordered evaluation and there is a court-order that a report must be released to the Court and/or District/State/Defense/etc. Attorney. ¶ I understand that I have the right to prevent Specialized Forensic Unit LLC clinic and its staff from releasing my confidential mental health record, unless I signed another informed consent and agree to release records. ¶ I understand that I am under no obligation to sign this form. I authorize Specialized Forensic Unit LLC clinic to do the following with my mental health record (check applicable boxes and specify in writing):

- Release my mental health record or psychological evaluation report to the following individuals or agencies (list names, emails, faxes, or mailing addresses):

\_\_\_\_\_  
\_\_\_\_\_

- Receive my mental health record from the following individuals or agencies:

\_\_\_\_\_  
\_\_\_\_\_

- I understand that this authorization will expire in one year, unless a different date is indicated:

\_\_\_\_\_

- I understand that the mental health record being disclosed includes any information from birth to the end of my relationship with Specialized Forensic Unit LLC, unless specified: \_\_\_\_\_

- I understand that I am authorizing any of my treatment information to be disclosed, unless specified:

\_\_\_\_\_

\_\_\_\_\_  
Examinee’s first/last name, signature (adults and minors age 12-17) date

\_\_\_\_\_  
Legal guardian’s first/last name, signature date

\_\_\_\_\_  
Psychologist’s first/last name, signature date

**REFERRAL FORM**

*(Please fill out all applicable information)*

- Information about the person(s) making this referral:  
 Name(s): \_\_\_\_\_  
 Address(es): \_\_\_\_\_  
 Phone number(s): \_\_\_\_\_  
 E-mail(s): \_\_\_\_\_  
 Relationship to client: \_\_\_\_\_
- Information about the examinee:  
 Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex \_\_\_\_\_  
 Current address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Examinee's primary language spoken: \_\_\_\_\_  
 Individuals residing in examinee's household (if not in residential treatment or group home placement): \_\_\_\_\_  
 Caregiver's name (if different from above): \_\_\_\_\_  
 Parent or guardian's name (if different from above): \_\_\_\_\_  
 Parent or guardian's address (if different from above): \_\_\_\_\_  
 Parent or guardian's phone number (if different from above): \_\_\_\_\_
- What specific question(s) do you want answered by this evaluation? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Briefly describe the client's current difficulty or difficulties. How long has this been a concern? What seems to help or make this concern worse?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What is the client's current psychotropic medication type and dose? Please provide a description of current treatment, such as therapy or other services.  
 \_\_\_\_\_  
 \_\_\_\_\_
- What has been this client's past therapy, treatment (including inpatient hospitalizations), or medications?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Please describe the client's family history, including any mental health concerns present or losses within the family. \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_
- Please describe the client's social, peer, and romantic (sexual) relationships, including any sexualized behavior (if present).  
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 \_\_\_\_\_

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- What is the client’s academic or vocational performance? Please include any history of special education, as well as any behavioral issues in school.  

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  - What is the client’s legal history? Please include any current or past charges and tickets.  

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  - Describe any substance use history or treatment.  

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  - Describe the client’s current and past medical history. Please include any knowledge on the attainment of developmental milestones.  

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  - If the client has had previous psychological evaluations, please include when these evaluations were completed, by who, and any relevant findings.  

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  - What has been this client’s past diagnoses through other sources than psychological evaluations?  

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  - Does the client have any history of physical/sexual abuse or neglect? If so, please describe.  

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  - Please provide any information as to the client’s attempts of self-harm, self-injurious behavior, and/or attempts to harm others.  

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  - Please describe relevant information as to the client’s interests, abilities, and strengths. Also include any spiritual beliefs of importance.  

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Thank you for completing this referral form. Please fax it to Specialized Forensic Unit LLC at 888-488-2604.