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## HIPAA NOTICE OF PRIVACY PRACTICES

Autism Behavior Consultants, Inc. (ABC) understands that we collect private and/or potentially sensitive medical information about each client and/or the client's family. We call this information "protected health information." This notice describes how protected health information about a client may be used and disclosed and how the client can gain access to this information. **Please review it carefully.**

ABC does not use or disclose protected health information unless permitted or required to do so by law. ABC must adhere to laws aimed at securing the privacy of the client's protected health information. These laws are known as the Health Insurance Portability and Accountability Act (HIPAA) privacy rules. When we do use or disclose protected health information, we will make every reasonable effort to limit its use or the level of disclosure to the minimum we deem necessary to accomplish the intended purpose. Please note that the privacy provisions articulated in this notice do not apply to health information that does not identify the client or anyone else.

We will not disclose your information to others without written releases, or unless the law authorizes or requires us to do so. The law protects the privacy of the health information we create and obtain in providing our care and services to you.

Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

### **OUR RESPONSIBILITIES:**

Autism Behavior Consultants takes the privacy of your child's (your) health information seriously. We are required by law to keep your health information private and provide you with this Notice of Privacy Practices. We will act according to the terms of this Notice. We reserve the right to change this Notice of Privacy Practices and to make any new practices effective for all Protected Health Information we keep. We will contact you with any changes made to the Notice of Privacy Practices and a copy will be given to you.

### **WHAT IS "PROTECTED HEALTH INFORMATION" (PHI):**

Protected health information is information about the client that relates to a past, present, or future mental health condition or treatment or payment for the treatment that can be used to identify the client. This also includes electronic information and information in any other form that could identify the client.

Protected Health Information (PHI) is information about a client's age, race, sex, and other

personal health information that may identify the client. The information relates to the client's physical or mental health in the past, present, or future, and to the care, treatment, and services needed by a client because of his or her health.

"Health care operations" includes activities such as discussions between ABC staff and contractors and other health care providers; evaluating and improving quality; reviewing the skills, competence, and performance of health care staff; training future health care staff; dealing with insurance companies.

#### **MEDICAL INFORMATION MAY BE USED FOR TREATMENT OR PAYMENT:**

- Medical information may be used to show that a client needs certain care, treatment, and service treatment plans.
- We will use medical information to plan treatment.
- We may disclose Protected Health Information to another provider for treatment (such as referring doctors, specialists, and contractors to ABC).
- We may send claims to your insurance company containing medical information.
- We may contact the review department to receive approval for treatment in advance.
- We may use the emergency contact information you gave us to contact you if the address we have on record is no longer correct.
- We may contact you to discuss other possible treatments or benefits related to health that might interest you.
- Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

#### **YOUR RIGHTS:**

When you sign the Consent for Release of Information, you are giving ABC permission to use and disclose (provide to others) Protected Health Information for treatment, payment, and health care operations, as described above.

To provide client Protected Health Information to other people for any reason other than treatment, payment, and health care operations (described above) or as required or permitted by law, we must have a form known as an Authorization Form signed by the client or the client's parent or legal guardian. This form clearly explains how they wish the information to be used and disclosed.

You may change your mind and withdraw (revoke) permission, but we cannot take back information that has been released up to that point if the permission was originally given to obtain insurance coverage. All requests to withdraw permission for uses and disclosures of PHI should be made in writing.

## WHEN YOUR CONSENT IS NOT REQUIRED:

**Public Interest and Benefit Activities** – The HIPAA Privacy Rule permits use and disclosure of PHI, without an individual’s authorization or permission, for these 12 national priority purposes.

1. *Required by Law* – These required by law disclosures include by statute, regulation, or court orders.
2. *Public Health Activities* – These activities include:
  - (1) public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect;
  - (2) entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event or tracking of products;
  - (3) individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law;
  - (4) employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance
3. *Victims of Abuse, Neglect or Domestic Violence* – These are situations where disclosure of PHI belonging to victims of abuse, neglect, or domestic violence may be necessary.
4. *Health Oversight Activities* – Covered entities may disclose PHI to health oversight agencies for legally authorized health oversight activities, including audits and investigations necessary for oversight of the health care system and government benefit programs.
5. *Judicial and Administrative Proceedings* – Assuming notice to the individual or a protective order are provided, an order from a court or administrative tribunal may allow covered entities to disclose PHI.
6. *Law Enforcement Purposes* – These conditions must be met for PHI to be disclosed for law enforcement reasons:
  - (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests;
  - (2) to identify or locate a suspect, fugitive, material witness, or missing person;
  - (3) in response to a law enforcement official’s request for information about a victim or suspected victim of a crime;
  - (4) to alert law enforcement of a person’s death, if the covered entity suspects that criminal activity caused the death;
  - (5) when a covered entity believes that protected health information is evidence of a crime that occurred on its premises;
  - (6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and

nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

7. *Decedents* – For reasons such as identifying a deceased person or determining the cause of death.
8. *Cadaveric Organ, Eye, or Tissue Donation* – Covered entities may use or disclose PHI to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.
9. *Research* – Research is defined under the Privacy Rule as “any systematic investigation designed to develop or contribute to generalizable knowledge” and disclosures are allowed in these instances:
  - (1) documentation that an alteration or waiver of individuals’ authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board;
  - (2) representations from the researcher that the use or disclosure of the protected health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from the covered entity, and that protected health information for which access is sought is necessary for the research;
  - (3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents, that the protected health information sought is necessary for the research, and, at the request of the covered entity, documentation of the death of the individuals about whom information is sought.
10. *Serious Threat to Health or Safety* – Disclosures are permitted if they are believed to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat).
11. *Essential Government Functions* – These functions include: assuring proper execution of a military mission or conducting intelligence and national security activities that are authorized by law.
12. *Workers’ Compensation* – Covered entities may disclose PHI as allowed by workers’ compensation laws.

**Limited Data Set** – According to the Privacy Rule, limited data set, in which specific identifiers have been removed, may be used and disclosed for research, health care operations, and public health purposes, provided the recipient enters into a data use agreement promising specified safeguards for the protected health information within the limited data set.

## **YOUR PRIVACY RIGHTS:**

The client has certain rights regarding his/her health information, which are listed below. In each of these cases, if the client wants to exercise his/her rights, the client must do so in writing.

The following explains your rights with respect to your Protected Health Information and a short description of how you may use these rights.

### **You have the right to review and to ask for a copy of your health information.**

This means that except as explained below, you may review and get a copy of your PHI that is contained in a “designated record set” as long as we keep the PHI. If needed and at your request, ABC may provide an electronic copy of your child’s (your) record.

### **You have the right to request that access to your health information be limited.**

This means you may ask us to restrict or limit the medical information we use or disclose for treatment, payment, or health care operations (described above). We will not violate that restriction unless it must be violated to provide emergency treatment.

### **You have the right to request private communications in another way or at other locations.**

We will agree to reasonable requests. To carry out the request, we may also ask you for another address or another way to contact you, for example, mailing to a post office box. We will not ask you to explain why you are making the request. Requests must be made in writing.

### **You have the right to receive a record of when your health information has been disclosed by Autism Behavior Consultants.**

### **You have the right to receive a paper copy of this Notice of Privacy Practices.**

### **What if I have questions or complaints:**

If you have questions regarding your privacy rights or if you feel your privacy rights have been violated, you may file a complaint by contacting the ABC Executive Clinical Director or CEO, or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint. You can also visit the site: [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

ABC reserves the right to change the disclosures/terms that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the business office at 310-320-1333 and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.