

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about your child and family's services may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights	Your Choices	Our Uses and Disclosures
<u>You</u> have the right to:	<u>You</u> have some choices in the way that we use and share information as we:	<u>We</u> may use and share your information as we:
<ol style="list-style-type: none">1. Get a copy of your paper or electronic medical record2. Correct your paper or electronic medical record3. Request confidential communication4. Ask us to limit the information we share5. Get a list of those with whom we've shared your information6. Get a copy of this privacy notice7. Choose someone to act for you8. File a complaint if you believe your privacy rights have been violated	<ol style="list-style-type: none">1. Tell family and friends about your condition2. Collaborate with other professionals that treat your child	<ol style="list-style-type: none">1. Deliver your child's services2. Run our organization3. Bill for your services4. Comply with the law5. Respond to lawsuits and legal actions

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.

- 1. Get an electronic or paper copy of your medical 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.
- 2. Ask us to correct your medical record.**
 - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say "no" to your request, but we'll tell you why in writing within 60 days.
- 3. Request confidential communications.**
 - We communicate with you through our secure practice management platform.
 - 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 reasonable requests.

4. 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 our 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 for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

5. Get a list of those with whom we've shared information.

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

6. Get a copy of this privacy notice.

- You can ask for a paper copy of this notice at any time, and we will provide you with a paper copy promptly. A signed copy of this notice is also stored and accessible to you at any time in your child's electronic medical record.

7. 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.
- We will make sure the person has this authority and can act for you before we take any action.

8. File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting the Clinical Director with written notice of your concern using the parent portal in CentralReach® (per the Grievance procedure).
- If your complaint is with the clinical director, or you would prefer to file a complaint a different way, you can contact us using the information on page 1 or by contacting our Compliance Director compliance@thelcreno.com or 775-657-8309.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care.

In these cases, we never share your information unless you give us written permission:

- Confirmation we are providing services to your child and family.
- Share aspects of your child's medical record unless we have written, documented consent.
- Discuss your child's treatment to collaborate with other professionals

We will never market or sell your personal information. We may confirm that your child receives services from us if you apply for funding to help cover the cost of treatment. We will not disclose any other information.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

To Deliver Your Child and Family's Services

We can use your health information and share it with other professionals who are treating you within our organization.

Example: One of your child's providers goes on leave, and, to ensure continuity of care, we allow the provider who is covering to access part of your child's medical record so they may competently treat your child.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

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 research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations, such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for clinical research as it relates to ABA.

- Any data related to your child would be de-identified, and any research conducted would be done so in accordance with regulatory requirements

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. We will share information as necessary when reporting suspected abuse or neglect.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can 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, in our office, and on our website.

As a parent or guardian of a child receiving services from the Learning Consultants, I agree that:

- All information pertaining to my child's assessment, treatment plan, data, and records are strictly confidential. This information is protected by the Health Insurance Portability Accountability Act (HIPAA) and is considered protected health information (PHI). The Learning Consultants and its employees will meet or exceed all requirements specified by HIPAA with regard to my child's PHI.
- Further, I understand that all employees of the Learning Consultants are mandated reporters and are required by law to report any and all occurrences of suspected abuse, neglect, or exploitation.
- I have reviewed this document and I have been offered a copy for my records. Should I have any questions about my rights, then I can contact the organization's privacy officer via email compliance@thelcreno.com or at 775-657-8309.

Parent Name:

Parent Signature:

Date Signed: