

Comprehensive services for children and their families. Specializing in Early Intervention and Applied Behavioral Analysis.

## NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

### **THE 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.**

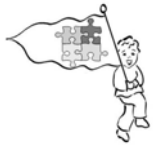
The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (PROTECTED HEALTH INFORMATION) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

Without specific written authorization, we are permitted to use and disclose your health care records for the purpose of treatment and payment:

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, physical therapists, occupational therapists, speech-language pathologists, dietitians, or other licensed professionals involved in your care.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing, or collection activities, and utilization review. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover that treatment.
- **As required by Law.** We will disclose medical information about you when required to do so by federal, state or local law in cases of abuse or neglect.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in a response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process. Such disclosures will only be made after efforts to tell you about the request or to obtain an order protecting the information requested.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.



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## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have certain rights to your PROTECTED HEALTH INFORMATION, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below.

- **Right to Inspect and Copy.** You have a right to inspect and copy medical information that may be used to make decisions about your care. You must submit your request in writing to the Privacy Officer of A Place for Children. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed by a licensed health care professional other than the person who denied your request.
- **Right to Amend.** If you feel that information we have about you is incorrect or incomplete you may ask us to amend the information. You have the right to request an amendment for as long as A Place for Children keeps that information. To request an amendment, your request must be made in writing and submitted to the Privacy Officer of A Place for Children. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  1. Was not created by A Place for Children.
  2. Is not part of the information kept by A Place for Children.
  3. Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Privacy Officer of A Place for Children. Your request must state a time period which may be not longer than six years and may not include dates before April 14<sup>th</sup>, 2003. Your request should indicate in what form you want the list.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment and payment. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

**We are not required to agree to your request.** If we do agree, we will comply with your request. To request restrictions, you must make your request in writing to the Privacy Officer of A Place for Children. In your request, you must tell us:

  1. What information you want to limit.
  2. Whether you want to limit our use, disclosure, or both.
  3. To whom you want the limits to apply.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Privacy Officer of A Place for Children. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask to receive a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

### **CHANGES TO THIS NOTICE**

We reserved the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a



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copy of the current notice in the main office of A Place for Children. The notice will contain on the first page, in the top right hand corner, the effective date. You have a right to request the most recent notice. To obtain the most recent notice, please submit a request in writing to the Privacy Officer of A Place for Children.

We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide you with notice of your legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

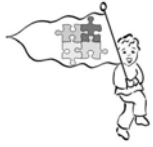
**For information regarding our Privacy Practices, please contact:**

Erin Austria  
2425 W. Pratt Blvd.  
Chicago IL 60645  
773.338.KIDS

**For more information about HIPAA or to file a complaint:**

The U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Ave, S. W.  
Washington, D. C. 20201  
(866)627-7748 (toll free)

Last Revised 1/19/2009



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**I have received a copy of the Health Insurance Portability & Accountability Act of 1996 (HIPAA) from A Place for Children.**

**I have read the document and understand my rights concerning the protected Health Information practice.**

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**Name**

**Date**