

Notice of Privacy Practices



Notice of privacy practices as required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Please keep this notice for your records and return only the Acknowledgement of Receipt

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU OR, IF YOU ARE A CAREGIVER, YOUR CHILD (IDENTIFIED BELOW AS “CLIENT”) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR/YOUR CHILD’S INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION, ALSO KNOWN AS PROTECTED HEALTH INFORMATION (PHI).

PLEASE READ THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of you/your child’s individually identifiable health information (PHI). In conducting our business, we will create records regarding your child and the treatment and services we provide to your child. We are required by law to maintain the confidentiality of health information that identifies your child. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning you/your child’s PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

How we may use and disclose you/your child’s PHI
Your privacy rights in regard to you/your child’s PHI
Our obligations concerning the use and disclosure of you/your child’s PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our Practice will post a copy of our current Notice in our offices in a visible location at all times, and on our website. You may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE OFFICE MANAGER AT THIS LOCATION.

C. WE MAY USE AND DISCLOSE YOU/YOUR CHILD’S PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose you/your child’s PHI.

1. Treatment. Our practice may use you/your child’s PHI to treat you/your child. For example, we may ask you to provide to us an assessment or test conducted by another provider, and we may use the results to help us reach a diagnosis or to develop a treatment plan. Many of the people who work for our practice including, but not limited to, our Board Certified Behavioral Analysts, may use or disclose you/your child’s PHI in order to treat you/your child’s or to assist others in you/your child’s treatment. Additionally, with your permission, we may disclose you/your child’s PHI to others who may assist in you/your child’s care, such as caregivers.



2. Payment. Our practice may use and disclose you/your child's PHI in order to bill and collect payment for services and items you/your child's may receive from us. For example, we may contact your health insurer to certify that you/your child's is eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding you/your child's treatment to determine if your insurer will cover, or pay for you/your child's treatment. We also may use and disclose you/your child's PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use you/your child's PHI to bill you directly for services and items.

3. Health Care Operations. Our practice may use and disclose you/your child's PHI to operate our business. As examples of the ways in which we may use and disclose you/your child's information for our operations, our practice may use you/your child's PHI to evaluate the quality of care you/your child's receives from us, or to conduct cost-management and business planning activities for our practice.

4. Appointment Reminders. Our practice may use and disclose you/your child's PHI to contact you and remind you of an appointment.

5. Treatment Options. Our practice may use and disclose you/your child's PHI to inform you of potential treatment options or alternatives.

6. Health Related Benefits and Services. Our practice may use and disclose you/your child's PHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends. Our practices may release you/your child's PHI to a friend or family member that is involved in you/your child's care, or who assists in taking care of you/your child's. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

8. Disclosures Required by Law. Our practice will use and disclose you/your child's PHI when we are required to do so by federal, state or local law.

9. Change of Ownership. In the event that Green Box ABA, PLLC is sold or merged with another behavioral healthcare organization or practice, you/your child's health information/medical record will become the property of the new owner.

D. USE AND DISCLOSURE OF YOU/YOUR CHILD'S PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose you/your child's identifiable health information:

1. Public Health Risks. Our practice may disclose you/your child's PHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or

neglect of an adult Client (including domestic violence); however, we will only disclose this information if the Client agrees or we are required or authorized by law to disclose this information notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.



2. Health Oversight Activities. Our practice may disclose you/your child's PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose you/your child's PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose you/your child's PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Clients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Research. Our practice may use and disclose you/your child's PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your child's PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of you/your child's PHI is being used only for the research and (iii) the researcher will not remove any of you/your child's PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees wither orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.

8. Serious threats to Health or Safety. Our practice may use and disclose you/your child's PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose you/your child's PHI if you are a member of U.S. or foreign military forcers (including veterans) and if required by the appropriate authorities.

10. National Security. Our practice may disclose you/your child's PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose you/your child's PHI to federal

officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.



11. Workers' Compensation. Our practice may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOU/YOUR CHILD'S PHI

You have the following rights regarding the PHI that we maintain about you/your child:

1. Confidential Communications. You have the right to request that our practice communicate with you about you/your child's health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Office. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of you/your child's PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of you/your child's PHI to only certain individuals involved in you/your child's care or the payment for you/your child's care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of you/your child's PHI, you must make your request in writing to the Office Manager. Your request must describe in a clear and concise fashion:

the information you wish restricted;
whether you are requesting to limit our practice's use, disclosure or both; and
to whom you want the limits to apply.

Exception: if you request that any of you/your child's PHI not related to treatment, or health information related to treatment you paid for yourself out-of-pocket in full, not be disclosed to a health plan or insurance company which is otherwise responsible to pay for your care and treatment, we will restrict disclosure of such PHI. We request that you make such a request for restriction of disclosure in writing.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you/your child, including Client medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Office Manager in order to inspect and/or obtain a copy of you/your child's PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend you/your child's health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the Office Manager. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our Clients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine or routine disclosures our practice has made



of you/your child's PHI for non-treatment or operations purposes. Use of you/your child's PHI as part of the routine Client care in our practice is not required to be documented. For example, the BCBA is sharing information with the technician; or the billing department using your information to file your insurance claim. You also have the right to request an accounting of routine disclosures made via electronic transmission of you/your child's PHI. In order to obtain an accounting of disclosures, you must submit your request in writing to the Office Manager. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Office Manager.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Office Manager.

We must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint; please direct your inquiries to:

Green Box ABA, PLLC
6216 Old Keene Mill Ct.
Springfield, VA 22152

You may contact your Health Plan with your concerns as well. You also have the right to directly complain to the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint against us.

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of you/your child's PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose you/your child's PHI for the reasons described in the authorization. Please note, we are required to retain records of your care. Again, if you have any questions regarding this notice or our health information privacy policies, please contact the Office Manager. Examples of disclosures for which we would obtain your authorization include:

Disclosure of behavior therapy notes, except as otherwise permitted by the regulations;
Disclosure of PHI for marketing purposes, except as otherwise permitted by the regulations.

We will use and disclose you/your child's PHI to the fullest extent authorized by law. We reserve the rights as expressed in the Notice. We reserve the right to revise our privacy practices consistent with the law and make them applicable to you/your child's entire PHI we possess, regardless of when it was received or created. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Unless law requires the changes, we will not implement material changes to our privacy practices before we revise our Notice. You may request updates to this Notice at any time. This Notice is effective: February 22, 2016.