



APPLIED BEHAVIORAL INTERVENTIONS

ABA / PSYCH / PT / OT / SLP & SW, *pllc.*
www.abisvc.com (646) 666-3088

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

This Notice of Privacy Practices describes how our employees, staff, and office personnel may use and disclose the information and records we have about you, your health, health status, and the health care services you receive from us. It explains the ways in which we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you including demographic information that may identify you and that relates to your past, present, or future health or condition and related health care services.

If you have any questions about this Notice please contact Julia Koro of our company at 646-666-3088, extension 265, juliak@cityprogroup.com

Changes to this Notice

We are required by law to give you this notice. We may change the terms of this notice at any time. The new notice will be effective for all protected health information that we have at that time as well as any information we receive in the future. We will post a copy of the current notice in the office. You are entitled to a copy of the notice currently in effect. We will provide you with any revised Notice of Privacy Practices upon your request by calling the office and requesting that a copy be sent to you in the mail or asking for one at the time of your next delivery or visit.

Understanding your Health Record and Information

Each time you visit a healthcare provider, or they visit you, a record is made of that visit. Typically, this contains symptoms, test results, diagnoses, treatment and care plans. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the health care professionals who contribute to your care.
- Legal document describing the care or services you received.
- Means by which you or a third-party payor can verify that services billed were actually provided.
- Tool in educating health care professionals.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of the nation.
- Source of data for facility planning and marketing.

- Tool with which we can assess and continually work to improve the care and services we render and the outcomes we achieve.

Understanding what is in your medical record and how your health information is used helps you to ensure its accuracy; better understand who, what, when, where, and why others may access your health information; make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Your health record is the physical property of the practitioner or facility that compiled it but the information belongs to you. You have the following rights:

Right to inspect and copy. You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request in order to inspect and/or copy your health information. If you request a copy of the information we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to amend. If you believe health 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 as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/Correction Form. 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: we did not create, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information that we keep; you would not be permitted to inspect and copy; 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 for purposes other than treatment, payment, and health care operations. To obtain this list you must submit your request in writing. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to request restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a piece of equipment you received. We are not required to agree to your request! If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must complete and submit the Request for Restriction On Use/Disclosure of Medical Information form.

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. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must complete and

submit the Request for Restriction on Use/Disclosure of Medical Information and/or Confidential Communication. 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 us to give you a copy of this notice at any time. To obtain a copy contact our office.

Right to revoke your authorization. You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken. To revoke your authorization you must submit the request in writing.

Our Responsibilities

This organization is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Complaints

We will not use or disclose your health information without your authorization, except as described in this notice. If you believe your privacy rights have been violated, you can file a complaint with our privacy contact or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our compliance officer, Julia Koro, 646-666-3088, extension 265, juliak@cityprogroup.com, for further information about the complaint process.

Examples of Disclosures for Treatment, Payment, and Health Operations

Treatment: We may use health information about you to provide you with treatment or services. We may disclose health information about you to doctors, therapists, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, information obtained by a therapist or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may provide your physician or subsequent healthcare provider with copies of various reports, so they can help determine the most appropriate care for you. Different personnel in our office may share information about you and disclose information to people who do not work in our office to coordinate your care, such as phoning in an order to a manufacturer or contacting our suppliers of components for consultation regarding a specific application. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

Payment: We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company, or third party. For example, A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may also tell your health plan about a product or service you are going to receive in order to obtain prior approval, or to determine whether your plan will cover the service.

Health Care Operations: We may use and disclose health information about you in order to run the office and make sure that you and other patients receive quality care.

For example, members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide. We may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about you to help us decide what additional services we should offer, how we can be more efficient, or whether certain new procedures are effective.

Other Uses or Disclosures

Business Associates: There are some services provided in our organization through contacts with business associates. Examples may include a billing service or a copy service used when copying health records. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose health information about you for research projects when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Coroners, Medical Examiners and Funeral Directors: We may release health information to a coroner, medical examiner, or funeral director consistent with applicable law to carry out their duties.

Organ and Tissue Donation: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment and service reminders or information about options and alternatives or other health related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fundraising effort.

Lobbying: We may contact you as part of a lobbying effort to alert you to governmental actions that may affect the care and services you receive from us.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose health information necessary for your health and the health and safety of other individuals to the institution or agents thereof.

Law Enforcement: We may release information for law enforcement purposes as required by law or in response to a court order, subpoena, warrant, summons, or similar process.

Health Oversight Activities: We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Military, Veterans, National Security and Intelligence: If you are or were a member of the armed forces, or part of the national security or intelligence communities, we will release information about you as required by military command or other government authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

Information Not Personally Identifiable: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Other Uses and Disclosures of Health Information: We will not use or disclose health information for any purpose other than those identified in the previous sections without your specific, written Authorization. We must obtain your authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered in your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed written authorization (different than the Authorization or Consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment, or health care operations, we will have to have both your signed Consent and a special written Authorization that complies with the law governing HIV and substance abuse records.

This notice was published and becomes effective September 5, 2018