



CARE SERVICE

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I – INTRODUCTION

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information.

“Protected health information” means health information, including identifying information about you, that we have collected from you or received from your health care providers, health plans, employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health condition, the provision of your health care, and payment for your health care services.

We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

II – HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

A. Uses and Disclosures for Treatment, Payment and Operations

1. For treatment. We can use your health information *within* our agency (CARE, Inc.) to provide you with mental health treatment, including discussing or sharing your health information with CARE therapists, staff and supervisors, trainees and interns. For example, we may discuss your treatment with a supervisor or consult with another CARE therapist in order to facilitate your care. Documents containing confidential information (i.e. Data, case notes, progress reports, etc.) may be left at your home/location of service to efficiently maintain



consistent documentation of the treatment, communication across CARE provider(s), and legal guardian/client, and it is the responsibility of the legal guardian/client to be personally responsible for maintaining confidentiality of the documents left in your home/location of service through end of the treatment plan. CARE will not be responsible breach of confidentiality for documentation left at your home/location of services.

2. For health care operations. We may disclose your health information to facilitate the efficient and correct operation of our agency. For example, we may provide your health information to our attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable laws.

3. For payment. We may use and disclose your health information to bill and collect payment for treatment and services we provided you. For example, we may send your health information to your insurance company or health plan in order to receive payment for the health care services that we have provided to you. We could also provide your health information to business associates, such as billing companies or collection agencies.

B. Use and Disclosures That May be Made without Your Authorization, but for Which You Will Have an Opportunity to Object

1. Persons involved in your care. We may provide health information about you to someone who helps pay for your care. We may use or disclose your health information to notify or assist in notifying a family member, personal representative, public guardian or conservator or any other person that is responsible for your care, location, general condition or death. We may also use or disclose your health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care.

In limited circumstances, we may disclose health information about you to a family member or friend who is involved in your care. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. But if you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case, we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care.

If you are not in an emergency situation but are unable to make health care decisions, we will disclose your health information to:

- a person designated to participate in your care in accordance with an advance directive validly executed under state law; or
- your guardian or other fiduciary if one has been appointed by a court; or
- if applicable, the state agency responsible for consenting to your care.



C. Uses and Disclosures That May be Made Without Your Authorization or Opportunity to Object

1. Emergencies. We may use and disclose your health information in an emergency treatment situation. For example, we may provide your health information to a paramedic who is transporting you in an ambulance. If you are court ordered to receive treatment and your treating clinician has attempted to obtain your authorization but is unable to do so, the treating clinician may nevertheless use or disclose your health information to treat you.

2. Research. We may disclose your health information to researchers when the agency's Institutional Review Board has reviewed and approved their research proposal and established protocols to protect the privacy of your health information.

3. As required by law. We will disclose health information about you when required to do so by federal, state or local law.

4. To avert a serious threat to health or safety. We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.

5. Organ and tissue donation. If you are an organ donor, we may release your health information to an organ procurement organization or to an entity that conducts organ, eye or tissue transplantation, or serves as an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.

6. Public health activities. We may disclose health information about you as necessary for public health activities including, for example, disclosures to:

- public health authorities for the purpose of preventing or controlling disease, injury or disability; or
- report vital events such as birth or death; or
- conduct public health surveillance or investigations; or
- report certain events to the Food and Drug Administration (FDA) or to a person subject to the jurisdiction of the FDA including information about defective products or medications; or
- notify consumers about FDA-initiated product recalls; or
- notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition; or
- notify the appropriate government agency if we believe you have been

a victim of elder/dependent adult abuse and/or neglect.

7. Health oversight activities. We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as



Medicare or Medicaid, other government programs regulating healthcare, and civil rights laws.

8. Disclosures in legal proceedings. We may disclose health information about you to a court or administrative agency when a judge or administrative agency orders us to do so. We also may disclose health information about you in legal proceedings without your permission or without a judge or administrative agency order when we receive a subpoena for your health information.

9. Law enforcement activities. We may disclose health information to a law enforcement official for law enforcement purposes when:

- a court order, subpoena, warrant, summons or similar process requires us to do so; or
- the information is needed to identify or locate a suspect, fugitive, material witness or missing person; or
- we report a death that we believe may be the result of criminal conduct; or
- we report criminal conduct occurring on the premises of our facility; or
- we determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or
- the disclosure is otherwise required by law.

We may also disclose health information about a client who is a victim of a crime, without a court order or without being required to do so by law. However, we will do so only if the disclosure has been required by a law enforcement official and the victim agrees to the disclosure or, in the case of the victim's incapacity, the following occurs: The law enforcement official represents to us that (i) the victim is not the subject of the investigation, (ii) an immediate law enforcement activity to meet a serious danger to the victim or others depends upon the disclosure, and (iii) we determine that the disclosure is in the victim's best interest.

10. Medical examiners or funeral directors. We may provide health information about our consumers to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. We may also disclose health information about our consumers to funeral directors as necessary to carry out their duties.

11. Military and veterans. If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans

Affairs. If you are a member of a foreign military service, we may disclose your health information to that foreign military authority.

12. National security and protective services for the President and others. We may disclose health information about you to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law. We may also disclose health



information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.

13. Inmate/probation clients. If you are an inmate or under the custody of a law enforcement official (i.e., on probation), we may disclose your health information to the correctional institution or law enforcement official.

14. Worker's Compensation. We may disclose health information about you to comply with Worker's Compensation laws.

III – USES AND DISCLOSURES OF YOUR HEALTH INFORMATION WITH YOUR PERMISSION

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an “authorization.” You have the right to revoke an authorization at any time. If you revoke your authorization, we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses and disclosures you have previously authorized.

IV – YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

These are your rights with respect to your health information:

1. Right to inspect and copy. You have the right to request an opportunity to inspect or copy health information used to make decisions about your care – whether they are decisions about your treatment or payments of your care. Usually, this would include clinical and billing records, but not psychotherapy notes. You must submit your request in writing to our Privacy Officer at CARE Counseling Center, 15315 Magnolia Blvd, Suite 306 Sherman Oaks, CA 91403. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request.

We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.

2. The right to amend. If you believe that there is some error in your health information or that important information has been omitted, you have the right to request that we correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of our receipt of your request. We may deny your request if we find that the health information is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than us. Our denial must be in writing and must state the reasons for the denial.



It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your health information. If we approve your request, we will make the change(s) to your health information. (We are not obligated to delete any information, only add corrections or additions.) Additionally, we will tell you that the changes have been made, and we will advise all others who need to know about the change(s).

3. The right to an accounting of disclosures. You have the right to request a list of disclosures of your health information that we have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we give you will include disclosures made in the previous six years (if applicable) unless you indicate a shorter period. The list will include the date of the disclosure, to whom health information was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no cost, unless you make more than one request in the same year, in which case we will charge you a reasonable sum based on a set fee for each additional request.

4. The right to request restrictions and confidential communications. You have the right to ask that we communicate with you about your health information only in a certain location or through a certain method. For example, you may request that we send the information to your work address rather than your home address, or that we use email instead of regular mail. We must agree to your request provided that we can give you the health information, in the format you requested, without undue inconvenience. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

5. The right to get this notice by email. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

V – CONFIDENTIALITY OF SUBSTANCE ABUSE RECORDS

For individuals who have received treatment, diagnosis or referral for treatment regarding drug or alcohol use/abuse, the confidentiality of drug or alcohol use/abuse is protected by federal law and regulations. As a general rule, we may not tell a person outside the agency that you receive treatment for alcohol or drug use/abuse unless:

- you authorize the disclosure in writing; or
- the disclosure is permitted by a court order; or
- the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or
- you threaten to commit a crime either at the agency or against any person who works for our agency.



A violation by us of the federal law and regulations governing drug or alcohol abuse is a crime. Suspected violations may be reported to the U.S. Attorney in the district where the violation occurs.

Federal law and regulations governing the confidentiality of drug or alcohol abuse permit us to report suspected child, elder, or dependent adult abuse or neglect under state law to appropriate state or local authorities.

Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

VI – COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact: Complaint Officer, CARE Counseling Center, 15315 Magnolia Blvd. Ste # 306, Sherman Oaks, CA 91403. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

VII – CHANGES TO THIS NOTICE

Please note that we reserve the right to change the terms of this Notice and our privacy policies at any time as permitted by law. Any changes will apply to health information already on file with us. Should we make any significant changes to our policies, we will immediately change this Notice and post a new copy of it on our website, www.CareBehaviorServices.com, and make it available from any of our Clinicians for your viewing. You may also request a copy of this Notice from us at any time.



NOTICE OF PRIVACY PRACTICES

Attached is a copy of the agency's Notice of Privacy Practices. We are providing you with this notice:

In compliance with a federal law called the *Health Insurance Portability and Accountability Act* (HIPAA). This law applies to all healthcare organizations across the country and includes mental-health services.

Please read the document as it explains your rights and our agency obligations concerning information kept in your clinical service record. CARE (Comprehensive Autism Related Education), Inc. has always and will continue to take seriously our obligation to protect records kept on our clients.

By signing my name below, I acknowledge that I received a copy of the agency's HIPAA Privacy Notice. I understand that it is my responsibility to read the Notice. If I have questions or do not understand any information contained in the Notice, I acknowledge that it is my responsibility to seek clarification from the CARE team at CARE, Inc.

* Responsible Adult = Legal Guardian, Conservator, or Parent of Minor (> 18).

_____ Client Name (First & Last)	_____ Client Signature	_____ Date
_____ *Name of Responsible Adult (First & Last)	_____ Signature of Responsible Adult	_____ Date
_____ Interpreter (If applicable) (First & Last)	_____ Date	