



## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU AND/OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the client, significant new rights to understand and control how your health information is used. HIPAA provides penalties for misuse of 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.

We may use and disclose your health information only for each of the following purposes:

**Treatment, Payment, and Health Care Operations.**

- **Treatment** means providing, coordinating, or managing health care and related services. Examples of this include speech, language & oral motor assessments and therapy.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities. An example of this would be sending a claim for your visit to your insurance company for payment.
- **Health Care Operations** include the business aspects of running the practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable health information.

In some cases, the law allows or requires us to use your health information without your permission. We will use only the minimum necessary amount of protected health information to satisfy the purpose of the request. Such uses may be:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- Disclosures to government authorities about victims of suspected abuse, neglect or domestic violence;
- Disclosures for judicial and administrative proceedings such as in response to subpoenas or orders of courts or administrative agencies;
- Uses and disclosures to prevent a serious threat to health and safety;
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures.

We may contact you to provide appointment reminders or information about treatment alternatives or other speech and language-related benefits and services that may be of interest to you.

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 prior authorization.

You have the following rights with respect to your/your child's health information, which you can exercise by presenting us with a written request:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you request in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.
- The right to inspect and ask for a copy of your/your child's protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of June 16, 2005, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices, and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with this practice, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of my practice. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Autism Matters, Inc.  
1901 Mainstreet, Suite A  
Hopkins, MN 55343  
(952) 935-6044

For more information about HIPAA  
Or to file a complaint:  
The US Dept. of Health & Human Services  
Office of Civil Rights  
200 Independence Ave, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775