



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU, YOUR CHILD, AND OTHER FAMILY MEMBERS MAY BE USED AND SHARED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective: April 1, 2020

Important Notice of Privacy Practices. It is important to read and understand this Notice of Privacy Practices before signing the Informed Consent to ABA Services Agreement. If you have any questions about this Notice or would like further information concerning your privacy rights, please contact Acclaim Autism:

Acclaim Autism  
2929 Arch St, Suite 1700  
Philadelphia, PA 19104

This Notice of Privacy Practices (“Notice”) is meant to inform you of the uses and disclosures of Protected Health Information (PHI) that we may make. “Your PHI” is Protected Health Information for you, a child for whom you are a parent or legal guardian, and/or other household members that may receive treatment, training or other services from Acclaim Autism. It also describes your rights to access and control your PHI and certain obligations we have regarding the use and disclosure of your PHI. Your PHI is information about you, your child, and/or your other household members created and/or received by us, including demographic information, that may reasonably identify you and that relates to past, present, or future physical, behavioral and/or mental health or condition, or payment for the provision of services provided by Acclaim Autism. We are required by law to maintain the privacy of your PHI. We are also required by law to provide you with notice of our legal duties and privacy practices with respect to your PHI and to abide by the terms of this Notice.

If you would like to receive a written copy of this Notice, you should contact Acclaim Autism or visit our website ([www.AcclaimAutism.com](http://www.AcclaimAutism.com)).



## How Acclaim Autism Uses and Discloses Your PHI

Acclaim Autism provides Applied Behavior Analysis (ABA) and related services to clients and their families. If you or a child in your care receive services from us, Acclaim Autism may use your PHI for treatment, billing or health care operations, including but not limited to:

- Plan and provide treatment services.
- Bill for services provided, including communicating necessary information to your insurance company or companies, and/or government agencies.
- Administer Acclaim Autism's services and programs.
- Assess and improve the services we provide and outcomes achieved.
- Communicate with other health care professionals who care for you or a child in your care.
- Describe the care you or a child in your care receives.
- Educate health professionals.
- Conduct and oversee healthcare operations activities such as licensure, audits, quality reviews, investigations and inspections.
- Inform you about other public programs and services.
- Provide information in an emergency situation

We will not sell your or your child's PHI for a profit. We may work with government and research organizations on projects to benefit Autism research and treatment options, and provide treatment notes, treatment plans and other data related to your or your child, but will remove any personally identifiable information and PHI from said data. Acclaim Autism will not use or disclose PHI except as described in this notice, or otherwise authorized by law.

We will use PHI for treatment. For example, a member of your or your child's treatment team may receive information about your health condition and document it in your child's record. This information may be used to determine the course of care that should work best for your child. We will use your or your child's health information for payment. For example: a bill may be sent to you or an insurance organization you identified. The information on or accompanying the bill may include information that identifies you, your child, as well as diagnosis, procedures, and supplies used. We will use your health information for regular health operations. For example, members of a quality assurance team may use information in your or your child's health record to evaluate the care and outcomes of services and others like it, as well as audit the completes of session notes. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.



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(888) 805-8206



(855) 936-1282



[www.AcclaimAutism.com](http://www.AcclaimAutism.com)



[info@AcclaimAutism.com](mailto:info@AcclaimAutism.com)



## Disclosure of PHI

We may disclose your PHI:

- To public health or legal authorities authorized to prevent or control public risk to disease, injury, or disability.
- To prevent a serious threat or injury to your safety, a child in your care, another household member, or the safety of another person.
- For the purpose of health care fraud and abuse detection or compliance.
- For judicial and administrative proceedings: if you or a child in your care are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order.
- In response to a subpoena, discovery request, or other lawful process if such disclosure is permitted by law.
- For your health and the health and safety of others for law enforcement purposes.
- To researchers only when the information does not identify you or your child personally and/or when their research has been approved by an institutional review board that has reviewed the research proposal and established procedures to ensure the privacy of your health information.
- Unless you object, we may disclose your PHI, as permitted by law, to a family member, a relative, a close friend, or any other person you identify, if the information relates to the person's involvement in your or your child's health care or payment related to said health care.
- We may disclose your PHI to individuals involved in your or your child's care or payment of said care following death unless doing so is inconsistent with your previously expressed preferences.
- When Pennsylvania State law requires your signed authorization/consent to release any of the above information, this will be explained to you by your treatment professional; you may then be requested to sign our Authorization to Disclose Protected Health Information (PHI) form before the information is shared.
- For the use and disclosure of your Protected Health Information for any other reason not listed above, we will obtain an authorization before sharing.





## Disclosure of PHI Requiring Authorization

We will require written authorization to disclose the following PHI:

- Session notes recorded by one of our staff members documenting the contents of a session with you or a child under your care.
- Treatment plan(s) for you or a child under your care.
- Electronic Health Record information.
- Prescriptions we're aware of, if any.
- Consent Forms.
- Billing Statement(s) (with procedures codes)
- Billing transactions & balance summary

Federal and state laws may require separate authorizations to disclose other highly confidential health information as described below. Highly Confidential Health Information "Highly confidential health information" may include confidential information under Federal law governing alcohol and drug abuse information as well as state laws that often protect the following types of information:

- HIV/AIDS
- Mental health
- Genetic tests
- Alcohol and drug abuse
- Sexually transmitted diseases and reproductive health information
- Child or adult abuse or neglect, including sexual assault

## Business Associates

In order to store and transmit patient data and allow our staff to retrieve data and communicate, there are companies we contract with to store and transmit data and make it accessible to our staff; for example, treatment plans and session notes are stored in software. Our contracts with other companies must include a Business Associates Agreement (BAA) since our professional relationships are governed by the Health Insurance Portability and Accountability Act (HIPAA). Acclaim Autism and companies we contract with that access PHI must securely store your PHI data to safeguard it, and regularly review and monitor data security.

We may also contract with other healthcare providers to provide some of the services



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we offer. When these services are contracted, we may disclose your PHI only to the extent needed for our business associate to perform the job we've asked them to perform. We do require the business associate to appropriately safeguard your information.

## Your Right To Access PHI

Regarding your or your child's PHI, you have the right to:

- Request to see or obtain an electronic or paper copy of PHI.
- Request a restriction on certain uses and disclosures of PHI.
- Acclaim Autism is not required to agree to a requested restriction; however, we will consider a requested restriction specific to those services for which you have paid out pocket. In some cases we will not be able to honor such requests; for example, for insurance billing we do need to disclose certain information in order to collect payment for services.
- Request amendments to PHI.
- Obtain an accounting of disclosures of your PHI, including PHI maintained or transmitted electronically, for the 6 years prior to the date of your request; the accounting of disclosures will include who we shared PHI with and why.
- Request communications of PHI by alternative means or at an alternative address.
- Request to opt out of receiving further marketing communication and/or materials.
- To inform us of a change in medical power of attorney, and/or provide evidence of change in legal guardianship of a child.
- File a complaint with the Privacy Officer of Acclaim Autism and/or the Office for Civil Rights (OCR), U.S. Department of Health and Human Services if you believe privacy rights have been violated.
- Be notified of a Breach of your or your child's information.
- Obtain a paper copy of this Notice of Privacy Practices upon request to the address in this notice.

In most cases you can complete a secure form on our website to request copies of PHI or amendments to PHI. Alternatively, you may make the request in writing to the address on page one (1) of this notice.





## Your Right to Request Amendments to PHI

You have the right to request amendments to your PHI and/or PHI for a child in your care. Requests to amend PHI can be made to the addressed to:

Acclaim Autism  
2929 Arch St, Suite 1700  
Philadelphia, PA 19104

We will respond to requests to amend PHI within 60 days. We will correct any errors we may have made. However, it is possible your request to amend PHI will be denied. In such cases we will notify you in writing. Denial reasons can include but are not limited to:

- The request is related to a record we didn't create.
- The information isn't part of a designated record set.
- A federal or state law prohibits modification of said data.
- The record is already accurate and up to date.
- Disagreement about the accuracy of a record
- You can appeal such a denial to our Privacy Officer at the above address.

## What You Can Expect From Acclaim Autism

Acclaim Autism has a duty to:

- Maintain the privacy of PHI.
- Provide you with this notice as to our legal duties and privacy practices with respect to PHI we collect and maintain about you, your child, and other household or family members.
- Consistently follow 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 an alternative address.
- Provide an accounting of disclosures of your Protected Health Information within 30 days of request.
- Honor an opt out request from marketing activities.





# ACCLAIM AUTISM

- By law, we will maintain the above privacy practices for PHI for 50 years following date of death of a patient.
- Security policies including regularly reviewing who can access PHI, and restricting access to data through physical locks, digital controls, and regular monitoring of security.
- In the event of a data breach, notify clients and/or their parents or legal guardians.
- We safe-guard electronic data by limiting access to it through security policies; only your treatment team, necessary administrators, and others required to review quality care and provide services will be granted access to patient PHI.

Acclaim Autism may change its privacy practices within the limits of federal and state law and make new privacy practices effective for all PHI we maintain. Should our privacy practices change, we will provide you with a revised notice to the address you have supplied us, or in digital form if you agreed to communicate by email.

For additional information or to report a problem, you may contact Acclaim Autism and ask for the Privacy Officer (888) 805-8206. If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer  
Acclaim Autism  
2929 Arch St, Suite 1700  
Philadelphia, PA 19104  
(888) 805-8206

You may also file a complaint with the Office of Civil Rights, United States Department of Health and Human Services at:

Region III  
Office for Civil Rights U.S. Department of Health and Human Services  
150 South Independence Mall West Suite 372  
Public Ledger Building  
Philadelphia, PA 19106-9111  
  
(215) 861-4441  
Toll Free (800) 368-1019



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