

Epic Strides

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972-596-0035

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HIPAA NOTICE OF PRIVACY PRACTICES YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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

We are permitted by state and federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information (PHI) is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, behaviors, test results, diagnoses, treatment, health information from other providers, and applying for future care or treatment. It also includes billing and payment information for those services.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For Treatment:

Information obtained will be recorded in your medical record and used to help decide what services are right for you.

During the course of your treatment, we may need to consult with other professionals or individuals (e.g. physicians, educators, speech therapists, other behavior analyst, family members etc.) involved in your care and treatment.

Your health information may be shared with other clinical staff in the company for additional support in developing your treatment program.

For Payment:

We submit request for payment to your health insurance company. The health insurance company (or other agencies/businesses helping us obtain payment) request information from us regarding medical care given. We will provide information to them about you and the services provided.

For Health Care Operations:

- We use your medical records to assess quality and improve services.
- We may contact you to remind you about appointments or to discuss treatment or other health related benefits and services.
 - Medical quality review by your health plan
 - Accounting, legal, risk management, and insurance services
 - Audit functions, including fraud and abuse detection and compliance programs

Your Health Information Rights

The health and billing records we maintain and store are the property of The Frisco Area Listening and Learning Center. The information in it, however, belongs to you. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

- Receive, read, and ask questions about this notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- You can ask to see or get an electronic paper copy of your health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days. We may charge a reasonable, cost-based fee.
- Request a restriction on certain uses and disclosures of your health information. You can ask us not to use or share certain health information, treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Requests should be made in writing to us. We will say “yes” unless a law requires us to share that information.
- Request confidential communications. You can ask us to contact you in a specific way (for example home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- Request a paper copy of the current Notice of Privacy Practices for Protected Health Information.
- Correct or change your protected health information. You can ask us to correct or change health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days. You may write a statement of disagreement if your request is denied.
- Get a list of those with whom we’ve shared information. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost based fee if you ask for another one within 12 months.

- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has the authority and can act before we take any action.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation, except to the extent information or action has already been taken.
- You have the right and choice to tell us to: (1) share information with your family, close friends, or others involved in your care or (2) share information in a disaster relief situation. If you are not able to tell us your preference, for example, you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

File a complaint if you believe your privacy rights have been violated. You can complain if you feel we have violated your rights by contacting us. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Our Responsibilities

This office is required to:

- Maintain the privacy of your health information as required by law.
- Give you this Notice.
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Jill Levy at 972-596-0035. If you believe your privacy rights have been violated, you may file a written complaint to our office, or you may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We cannot, and will not, retaliate against you for filing a complaint.

Other Uses and Disclosures

Run our Organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary.

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

Abuse & Neglect: We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Do Research: We can use or share your information for health research.

Comply with the Law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Law Enforcement: We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

Judicial/Administrative Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat: To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

Specialized Government Functions: We may disclose your protected health information for specialized government functions. For example, we may share information for national security purposes.

Business Associates: We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Other Uses and Disclosures of Protected Health Information: Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.