



HIPAA NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule establishes national standards to protect individuals' medical records and other personal health information (PHI) and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patient's rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

The Young Mind Center is committed to protecting your privacy and confidentiality to the fullest extent of the law. This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Uses and Disclosures that Do Not Require Your Authorization

Disclosure of your PHI without your authorization commonly includes, but is not limited to, the following disclosures:

For Treatment:

- We can use your health information and share it with other professionals who are treating you.

To Run our Organization:

- We can use and share your health information to run our facility, improve your care, and contact you when necessary.

To Bill for Services:

- We can use and share your health information to bill and get payment from health plans or other entities.

If Data is De-Identified:

- We can use and share health information which has been stripped of personally identifying information such as names, social security numbers, and dates of birth.

For Help with Public Safety Issues:

- We can share health information about you for certain situations, such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

For Research:

- We can use or share your information for health research.

To 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 are complying with federal privacy laws.

Address Workers Compensation, Law Enforcement, and Other Government Requests:

- We can use or share health information about you:
 - For workers' compensation claims;
 - For law enforcement purposes or with a law enforcement official;

- o With health oversight agencies for activities authorized by law;
- o For special government functions, such as military, national security; and presidential protective services.

Respond to Lawsuits and Other Legal Duties:

- We can share health information about you in response to a court or administrative order or in a response to a subpoena.
- Serious Threat to Health or Safety: If you communicate a serious threat of physical violence against an identifiable victim, the psychologist must make reasonable efforts to communicate that information to the potential victim and police. If the psychologist has reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, he/she may release relevant information as necessary to prevent the threatened danger.
- Child Abuse: Whenever a psychologist, in his/her professional capacity, has knowledge of or observes a child he/she knows or reasonably suspects, has been the victim of child abuse or neglect, the psychologist must immediately report such to the proper county authorities. If requested, the psychologist must turn over information from your records relevant to a child protective services investigation.

Uses and Disclosures Requiring Your Authorization

In order to use or disclose your PHI in situations other than those not permitted pursuant to HIPAA, we must obtain your written authorization. This authorization must be obtained before information is released. If you provide us with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future disclosures of your medical information. However, the revocation will not be effective for information that we have already used or disclosed. Examples of these situations include releasing psychotherapy notes, for marketing purposes, and any disclosures that constitute the sale of medical information. It is the Young Mind Center's practice to participate in charitable events to raise awareness and funds for autism-related activities. During such times, we may send you a letter, postcard, invitation, or call your home to invite you to participate in the charitable activity. It is not our policy to disclose any PHI related to your treatment for the purpose of fundraising events sponsored by the Young Mind Center or the Young Mind Community Center.

Client's Rights and Psychologist's Duties

A client has the right to:

- You can ask to see or get an electronic or paper copy of your medical record and other 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 of your request. We may charge a reasonable, cost-based fee.
- Request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for the purpose of payment or for our operations with your health insurer.
- Request and receive confidential communication of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are a client of the Young Mind Center. Upon your request, we will send any correspondence to another address.
- Request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request in writing within 60 days. On your request, we will discuss with you the details of the amendment process.
- Receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your request, we will discuss with you the details of the accounting process.
- 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.
- 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 this authority and can act for you before we take any action.
- Psychologists are required by law to maintain the privacy of PHI and to provide you with this notice of their legal duties and privacy practices with respect to PHI.

Changes to This Notice and Your Choices

- We reserve the right to change the privacy policies and practices described in this notice and to make the new notice provisions effective for all PHI that is maintained. Unless we notify you of such changes, we are required to abide by the terms currently in effect.
- If we substantially revise our policies and procedures, we will immediately change this notice and place the revised version in the policy manual in our office. We will notify you verbally of such a change at your next appointment, and we will provide you with a paper copy of the revised notice upon request.
- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
- If you are unable to tell us your preference (for example, if 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.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the Young Mind Center at 602.237.6653.

- If you feel that we were unable to adequately address your concerns, you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to, calling, or visiting their website at:

200 Independence Avenue SW
Washington, DC 20201
1 (877) 696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/
We will not retaliate against you for filing a complaint.

Acknowledgement of Receipt of Notice of Privacy Practices

Your signature below documents that Young Mind Center has given you the “Notice” attached to this Acknowledgment page.

By way of my signature, I acknowledge that Young Mind Center has given me a copy of the Privacy Notice as required by state and federal law. I understand and have been provided with the opportunity to review this Notice and discuss concerns I may have regarding the privacy of my information.

I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS NOTED ABOVE.

PARENT/GUARDIAN SIGNATURE

DATE

YMC REPRESENTATIVE SIGNATURE

DATE