



NOTICE OF PRIVACY PRACTICES

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.

EFFECTIVE DATE 8/30/2019

ABOUT US

In this Notice, we use terms like “we,” “us” or “our” to refer to Early Autism Services (EAS), its providers, employees, staff, and other personnel. All of the sites and locations of EAS follow the terms of this Notice and may share health information with each other for treatment, payment, or health care operations purposes as described in this Notice.

PURPOSE OF THIS NOTICE

This Notice describes how we may use and disclose your 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 outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This next section explains your rights and some of our responsibilities to help you.

YOUR RIGHTS

GET A COPY OF YOUR MEDICAL RECORD

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Your request must be in writing. 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.

ASK US TO CORRECT YOUR MEDICAL RECORD

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. Your request must be in writing.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

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.

ASK US TO LIMIT WHAT WE USE OR SHARE

- You can ask us not to use or share certain health information for 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. We will say “yes” unless a law requires us to share that information.

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 6 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, and 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.

YOUR RIGHTS

GET A COPY OF THIS PRIVACY 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.

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 this authority and can act for you before we take any action.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

- You can complain if you feel we have violated your rights by contacting us at:

SUZANNE L. RUDY-REED, HIPAA AND COMPLIANCE OFFICER
306 N KENSINGTON AVE, LAGRANGE PARK, IL 60526
(INSERT PHONE NUMBER)
SRUDY@EARLYAUTISMSERVICES.COM

- You can 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 <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

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.

IN THESE CASES, YOU HAVE BOTH THE RIGHT AND CHOICE TO TELL US TO:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Contact you for fundraising efforts, but you can tell us not to contact you again.

YOUR CHOICES

IF YOU ARE NOT ABLE 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.

IN THESE CASES WE NEVER SHARE YOUR INFORMATION UNLESS YOU GIVE US WRITTEN PERMISSION:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

OUR USES AND DISCLOSURES

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

We typically use or share your health information in the following ways:

For Treatment: We can use your health information to share it with other professionals who are treating you. For example, a provider treating you asks another doctor about your overall health condition.

For Payment: We can use and share your information to bill and get payment from health plans or other entities. For example, we may give information about you to your health insurance plan so it will pay for your services.

For Health Care Operations: We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we may use health information about you to manage your treatment and services.

OUR USES AND DISCLOSURES

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

<https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

HELP WITH PUBLIC HEALTH AND SAFETY ISSUES

We may use and disclose your health information for public health activities, including the following:

- To prevent or control disease, injury, or disability.
- To report suspected abuse, neglect, or domestic violence.
- To report adverse reactions to medications.
- To assist with product recalls.
- To prevent or reduce serious threat to anyone's health or safety.

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.

WORK WITH MEDICAL EXAMINER OR FUNERAL DIRECTOR

We can share health information with a coroner, medical examiner, or funeral director when an individual dies. This disclosure may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information, as necessary, to funeral directors to assist them in performing their duties.

OUR USES AND DISCLOSURES

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

RESPOND TO LAWSUITS AND LEGAL ACTIONS

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- WE ARE REQUIRED BY LAW TO MAINTAIN THE PRIVACY AND SECURITY OF YOUR PROTECTED HEALTH INFORMATION.
- WE WILL LET YOU KNOW PROMPTLY IF A BREACH OCCURS THAT MAY HAVE COMPROMISED THE PRIVACY OR SECURITY OF YOUR INFORMATION.
- WE MUST FOLLOW THE DUTIES AND PRIVACY PRACTICES DESCRIBED IN THIS NOTICE AND GIVE YOU A COPY.
- WE WILL NOT USE OR SHARE YOUR INFORMATION OTHER THAN AS DESCRIBED HERE UNLESS YOU TELL US WE CAN IN WRITING. IF YOU TELL US WE CAN, YOU MAY CHANGE YOUR MIND AT ANY TIME. LET US KNOW IN WRITING IF YOU CHANGE YOUR MIND.

FOR MORE INFORMATION:

[HTTPS://WWW.HHS.GOV/HIPAA/FOR-INDIVIDUALS/NOTICE-PRIVACY-PRACTICES/INDEX.HTML](https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html)

CHANGES TO THIS NOTICE

We can change the terms of this notice, and changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.