

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.

**If you have any questions about this Notice please contact
our Privacy Officer who is Jeffrey J. Felixbrod.**

Your health record contains information about you and your health. This Notice of Privacy Practices describes how Life Skills Applied Behavior Analysis and Psychological Services, P.C. ("we" or "us") may use and disclose your health information in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules. and the NYSPA Code of Ethics. It also describes your rights regarding how you may gain access to and control your health information.

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 of it.
- 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 see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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

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 the following situations, 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.
- Include your information in a hospital directory.

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 the following situations, we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Sharing of therapy notes, unless disclosure is authorized by applicable law.

We may contact you regarding our fundraising efforts, but you can tell us not to contact you again.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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

For Treatment. We may use and disclose your health information with recipients who are involved with providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may not disclose your health information to any other consultant without your authorization.

For Payment. We may use and disclose your health information to bill and get payment from health plans or other entities. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

For Health Care Operations. We may use or disclose, as needed, your health information in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we use your health information to manage your treatment and services.

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:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

Required by 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 law.

Public Safety and Health Issues. We can share health information about you for certain situations such as reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.

Address Workers' Compensation, Law Enforcement, and Other Government Requests. We can use or share your health information for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.

Respond to Organ and Tissue Donation Requests. We can share your health information with organ procurement organizations.

Work with a Medical Examiner or Funeral Director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Judicial and Administrative Proceedings. We may disclose your health information pursuant to a court order, administrative order, or similar process. We may disclose information to a party issuing a subpoena only if we notify you prior to disclosure and give you the opportunity to object to the disclosure.

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

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications, (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at 22 West Columbia Street, Hempstead NY 11550.

Right of Access. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. 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 for copies.

Right to Amend. You can ask us to correct health information about you that you think is incorrect or incomplete. We are not required to agree to the amendment, but we will tell you why in writing within 60 days.

Right to an Accounting of Disclosures. You can ask for a list (accounting) of the times we have 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, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Right to Request Restrictions. You can ask us to restrict or limit the use or disclosure of your health information for treatment, payment, or health care operations. We are not required to agree to your request and we may decline your request if it would affect your care. If you pay for a service or healthcare 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.

Right to Request Confidential Communication. You can ask that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

Right to copy of 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.

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. Will make sure the person has this authority and can act for you before we take any action.

Right to File a Complaint. If you believe we have violated your privacy rights, you can file a complaint in writing with our Privacy Officer at 22 West Columbia Street, Hempstead NY 11550 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, DC 20201, by calling (202) 619-0257, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.