



CBA – “Behavior Analysts of Texas, LLC”
UPDATED NOTICE OF PRIVACY PRACTICES
HIPAA and Consent for Assessment & Treatment

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 BEFORE SIGNING.

Understanding your health information

When you begin working with CBA a record of treatment is made. Typically, this record contains your history, assessment, medical information, diagnoses, treatment, a plan for future treatment, etc. This information often referred to as you/your child's health or medical record, serves as:

1. Basis for planning your care and treatment.
2. Legal document describing the care you received.
3. Means by which you or a third party payer can verify that services billed were provided
4. A source of data for health officials charged with improving the health of the nation, or needed services for the area.
5. A tool by which future or continual services can be approved.
6. Understanding what is in this record will help you to ensure its accuracy, better understand who, what, when and why others may access you information and help to make more informed decisions when authorizing disclosure to others.

Your health information rights

Although your health record is the physical property of CBA the information belongs to you. You have the following rights:

Right to Request a Restriction

You have the right to request a restriction on our use and sharing of you protected health information. CBA can deny the request if it is unreasonable or would be detrimental to your treatment.

Right to a paper copy of this Notice

You have a right to obtain a paper copy of this notice.

Right to amend your health information

You have the right to request the agency to amend the health information we maintain about you if you feel it is incorrect or incomplete for as long as the information is kept by CBA. To request an amendment, you must submit a request in writing and state the reason that supports your request. The disputed information will remain in the record along with the amended information. CBA may deny your request if the request is not submitted in writing, does not contain a reason to support the request, the information that is being questioned was not originated by CBA, it is not part of the information which you are permitted to inspect or copy, or it is currently accurate and complete.

Right to an accounting of disclosures

You have the right to obtain an accounting of the disclosures CBA made of health information about you. This does not include disclosures made for treatment, payment, or health care operations, made directly to you, made for national security reasons, or made to corrections or law enforcement personnel. Your request must state a time period that must be no longer than (6) six years and may not include dates before April 14, 2003. The first list requested within a (12) twelve month period will be free. For additional lists, you will be charged for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to request alternative means of communication

You have the right to request communication of your health information by alternative means or alternative locations. For example, you could request CBA only contact you at work or by mail. To request communications by alternative means, you must submit your request in writing. You will not be asked the reason for your request and your request will be accommodated. Your request must indicate how or where you want to be contacted.

Right of access to protected health information

You have the right to request, either verbally or in writing your information with certain exceptions. CBA will respond to you within (30-60) days (60} sixty days if extra time is needed).

Example of disclosure for treatment, payment, and health care operations

CBA will use your health information for treatment. We will use and disclose your protected health information in providing treatment and services. We may disclose your protected health information to agency and non-agency personnel who may be involved in your treatment. We may also disclose protected health information to individuals who will be involved in your treatment after they are no longer associated with CBA. CBA will use and disclose your protected health information so that billing and payment for services for the treatment of you can occur. For billing and payment purposes we may disclose information to insurance or managed care company, Medicaid, private INS, or another third party payor. CBA will use your health information for regular health care operations. These uses and disclosures are necessary to manage the agency and our quality of care.

Examples of uses and disclosures for other specific purposes

As required by law we will disclose you/your child's protected health information.

1. Disaster Relief-to an agency organizing disaster relief efforts.
2. Public Health Activities-such as: reporting to a public health or government authority for preventing or controlling disease, injury, or reporting child abuse or neglect.
3. Food and Drug Administration (FDA)-concerning adverse events or problems with products or medications for tracking purposes to enable product recalls or to comply with other FDA requirements.
4. To notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
5. For certain purposes involving workplace illnesses or injuries.
6. Reporting victims of abuse, neglect or domestic violence-information will be disclosed as required by law.
7. Judicial and Administrative proceedings-information may be disclosed in response to a court or administrative order, subpoena, discovery requests, or other lawful process. Efforts will be made to notify you about the request or to obtain an order or agreement protecting the information.

8. Health oversight activities-information may be disclosed to a health oversight agency for activities authorized by law, such as, audits, inspections, investigations, licensure actions or other legal proceedings.
9. Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.
10. To avert a serious threat to health or safety-any disclosure would be made only to someone able to prevent the threat of safety to you/your child, the public or another person.
11. Research-only under your specific disclosure.
12. Workers Compensation.
13. Law Enforcement-as required by law to comply with reporting requirements including, but not limited to: complying with court orders, warrants, subpoenas, summons, identifying or locating a fugitive, missing person or material witness, when information is requested about the victim of a crime if the individual agrees, to report information about a suspicious death, to provide information about criminal conduct occurring at the agency, or information about emergency circumstances about a crime.
14. National Security and Intelligence Activities, Protective Services for the President and others.

Your authorization is required for other uses of protected health information

CBA will use and disclose protected health information (other than described in this Notice or required by law) only with your written authorization. You may revoke your authorization to use or disclose protected health information in writing, at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by the authorization except where we have already relied on the authorization.

Our responsibility regarding you /your child's protected health information

CBA is required by law to:

1. Maintain the privacy of your health information.
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Notify you if we are unable to agree to a requested restriction
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to make changes to this notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. Any changes made will affect the protected health information we maintain at that time. We will post a copy of the current notice at our office site. We will provide a revised copy of the notice to parents/legal guardians upon request on or after the effective date of revision.

WE WILL NOT USE OR DISCLOSE YOU/YOUR CHILD'S PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION, EXCEPT AS DESCRIBED IN THIS NOTICE.

INFORMED CONSENT

You have requested an interest in receiving Applied Behavior Analysis (ABA) or Speech and Language Therapy (SLP) assessment and treatment services. By agreeing below, you have been informed that behavioral and/or SLP assessments may be conducted that evoke or cause problem behaviors (i.e., function analyses), assessments conducted may actually temporarily cause problem behavior to occur in

order to properly assess and evaluate those problem behaviors; this methodology is consider the best evidence based approach to behavioral assessment by the World Heath Organization (WHO) and the Surgeon General. These assessment procedures are evidence based and are similar to that of other assessment methodology based on science, i.e., most of the time we need to observe the behavioral difficulties before we can arrange a proper treatment program. This is informing you that these procedures can have side effects like a temporary increase in problem behavior. During behavioral and/or SLP treatment procedures there may be side effects such as extinction bursting (i.e., this is typically a good sign when applying proper treatment procedures); where the behavior temporarily increase during initial phases of treatment.

If you have questions, would like additional information you may contact the Privacy Officer:
Robin Simmons at 210-657-7400...

All information is private and not shared with any outside parties.
Agreement of Informed Consent and HIPAA Privacy Policy described above and the information below must be completed before any services can be provided...

Primary Responsible Party (full name): _____

Primary Responsible Party's Social Security Number: # _____

Primary Responsible Party's DATE of BIRTH: _____

Primary Responsible Party's current FULL Address (below):

| <i>Street Number</i> | <i>Street</i> | <i>City</i> | <i>Zip Code</i> |
|----------------------|---------------|-------------|-----------------|
|----------------------|---------------|-------------|-----------------|

Signature of Responsible Party: _____

Date of signature: _____