

HIPAA & Privacy

The below information explains how your medical information may be used and shared, as well as how you can access this information. Please review it carefully.

YOUR RIGHTS

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

Get an electronic or paper copy of your medical record

- You have the right to request an electronic or paper copy of your medical record and any other health information we have about you. Please ask about the process to do this.
- We will provide a copy or a summary of your health information, typically within 30 days of receiving your request. A reasonable, cost-based fee may apply.

Ask us to correct your medical record

- You have the right to request corrections to any health information that you believe is inaccurate or incomplete. Please ask us about the process for making this request.
- If we deny your request, we will provide a written explanation 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 accommodate all reasonable requests.

Ask us to limit what we use or share

- You have the right to ask us not to use or share certain health information for treatment, payment, or our operations. While we will consider your request, we are not obligated to agree, and we may decline if it impacts your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can request that we not share that information with your health insurer for payment or operational purposes. We will honor this request unless we are legally required to share the information.

Request a list of those with whom we've shared information

- You can request a list of instances in which we've shared your health information for up to six years prior to the date of your request, including who we shared it with and the reasons for sharing.
- This list will exclude disclosures related to treatment, payment, healthcare operations, and certain other disclosures (such as those you requested). We will provide one free accounting per year, but there may be reasonable, cost-based fees for any additional requests within a 12-month period.

Request 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.

Designate an authorized representative

- If you have given someone medical power of attorney or have a legal guardian, that individual can exercise your rights and make decisions regarding your health information.
- We will verify that the person has the necessary authority to act on your behalf before taking any action.

File a complaint if you feel your rights have been violated

- If you believe that your rights have been violated, you can file a complaint by contacting us using the information provided on page 11.
- 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 will not retaliate against you for filing a complaint.

YOUR CHOICES

You have the right to specify how we share certain health information. If you have clear preferences regarding your information, please let us know, and we will do our best to follow your instructions.

In the following situations, you can choose whether to allow us to share your information:

- With your family, close friends, or others involved in your child's care
- In a disaster relief situation
- To include your information in a hospital directory

If you are unable to communicate your preferences (for example, if you are unconscious), we may share your information if we believe it is in your best interest. We may also disclose your information when necessary to prevent a serious and imminent threat to health or safety.

However, we will never share your information for the following purposes without your written permission:

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

Regarding fundraising efforts, we may reach out to you, but you can request that we do not contact you again.

OUR USES AND DISCLOSURES

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

To Treat You

- We can use your health information and share it with other healthcare professionals involved in your care. For example, if a doctor is treating you for an injury, they may ask another doctor about your overall health condition

To Run our organization

- We utilize your health information to manage our practice and enhance your care. This includes contacting you when necessary. For example, we may use your information to coordinate your treatment and services effectively.

To Bill for your services

- We can use and share your health information to process billing and obtain payment from health insurance plans or other entities. For example, we may provide your information to your health insurance provider to ensure that your services are covered.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways that typically benefit the public, such as in public health initiatives and research. However, we must comply with specific legal conditions before sharing your information for these purposes.

Help with public health and safety issues

We can share health information in certain circumstances, including:

- Preventing disease
- Assisting with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to health or safety

Do Research

- We are permitted to use or share your information for health research.

Comply with the law

- We will disclose your information when required by state or federal laws, including sharing it with the Department of Health and Human Services to demonstrate our compliance with federal privacy laws.

Respond to organ and tissue donation requests

- We are permitted to share your health information with organ procurement organizations.

Work with a medical examiner or funeral director

- We are permitted to share health information with a coroner, medical examiner, or funeral director in the event of an individual's death.

Address workers' compensation, law enforcement, and other government requests.

We may use or share your health information for the following purposes

- For workers' compensation claims
- For law enforcement purposes or when communicating with law enforcement officials
- With health oversight agencies for activities that are legally authorized
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share your health information 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 promptly notify you 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 grant permission, you can change your mind at any time. Please inform us in writing if you decide to revoke your consent.

Changes to the Terms of this Notice

- We may revise the terms of this notice, and any changes will apply to all information we have about you. The updated notice will be available upon request, in our office, and on our website.

Other Instructions for Notice

- This Notice of Privacy Practice is updated as of June 10, 2024. Advance Therapy may change the terms of this Notice at any time. Advance Therapy may, at its discretion, make the new terms effective for all PHI in our possession, including any PHI created or received before the new Notice is issued.
 - If you have any questions about this notice or any complaints about Advance Therapy's privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact us at: *Advance Therapy Autism Services, 5250 Solar Dr #13, Mississauga, ON L4W 5G5, Canada.*
Phone: 519 771 4679, care@adtherapy.net.
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