

## NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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Carolina Center for Autism Services, LLC d/b/a The Carolina Center for ABA and Autism Treatment (“CCABA”) is required by applicable state and federal law to maintain the privacy of your child’s protected health information. In this notice, “child” refers to your son or daughter, whether by birth or adoption or any other minor for whom you are legally responsible. Protected Health Information (“PHI”) is any piece of information in your child’s medical record that was created, used, or disclosed during the course of diagnosis or treatment that can be used to personally identify your child. PHI includes all of the identifiable health information regarding your child, maintained or transmitted by CCABA and its staff, in any form or medium, whether electronic, on paper, or oral. PHI is protected under the Health Insurance Portability and Accountability Act (“HIPAA”).

This notice summarizes the privacy practices that will be followed by CCABA and your rights concerning your child’s PHI. This notice applies to all of the records of your child’s care and billing for that care that are generated or maintained by CCABA, whether made by CCABA personnel or other health care providers. This notice will remain in effect until CCABA replaces it. CCABA reserves the right to change this notice. CCABA also reserves the right to make the revisions effective for medical information it already has about your child as well as any information it may receive in the future. CCABA will post a copy of the revised notice on the CCABA website and in its office. If the notice changes, a copy will be available to you upon request.

For more information about CCABA’s privacy practices, or for additional copies of this notice, please contact CCABA using the information at the end of this notice.

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### USES AND DISCLOSURES OF YOUR CHILD’S PHI

**We use and disclose your child’s PHI for treatment, payment, and health care operations.**

**Treatment.** Your child’s PHI will be used to provide medical treatment. “Treatment” is the provision, coordination, or management of health care and related services. It includes, but is not limited to, consultations and referrals. For example, CCABA may disclose your child’s PHI to direct support staff (such as board-certified behavioral analysts and registered behavior technicians), doctors, psychologists, licensed psychological associates, providers of support services, and other personnel involved in your child’s treatment.

**Payment.** Your child’s PHI will be used and disclosed to obtain payment for the care provided by CCABA. “Payment” includes, but is not limited to, actions to determine eligibility for benefits and processing payment for treatment or services received from CCABA. For example, CCABA may disclose your child’s PHI for verification of payment eligibility and to receive payment for services, as applicable.

**Health Care Operations.** Where permitted by state and federal laws, CCABA may use and disclose your child’s PHI in conducting its health care operations. CCABA’s “health care operations” include evaluating the performance of its staff involved in the care and treatment of your child or in an effort to improve their skills

as health care providers. For example, information may need to be disclosed to direct support staff (such as board-certified behavioral analysts and registered behavior technicians), doctors, psychologists, licensed psychological associates, providers of support services, and other personnel involved in your child's treatment for both review of treatment and learning tools to provide higher quality of care.

**Your Authorization.** Unless you give us written authorization, CCABA cannot use or disclose your child's PHI for any reason except those described in this notice. If you give CCABA an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

### **Other uses and disclosures that do not require your authorization**

Subject to certain requirements, CCABA may use or disclose your child's PHI in certain limited situations without your prior authorization. These situations include:

**Public Health.** CCABA may use or disclose your child's PHI for public health activity purposes to a public health authority where permitted under state and federal law. For example, CCABA may disclose your child's PHI, if authorized by state or federal law, if your child has been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**To Your Family and Friends and Persons Involved in Care.** CCABA must disclose your child's PHI to you, as described in the Patient Rights section of this notice. CCABA may disclose your child's PHI to a family member, friend, or other person involved in your child's treatment to the extent necessary to help with your child's health care, so long as the professional responsible for your child's care has not determined that such release of information would be harmful to your child's physical or mental well-being or that the intended recipient of the information lacks a legitimate need for it. You have the right to object to these types of disclosures. CCABA will use its professional judgment and experience with common practice to make reasonable inferences of your child's best interest in allowing a person to access health information.

**Emergency.** As permitted by federal and state law, CCABA may disclose your child's PHI in emergency situations involving your child.

**Research.** Under certain circumstances, CCABA may disclose your child's PHI for research purposes.

**Required by Law.** CCABA may use or disclose your child's PHI when required to do so by law, for example, when such disclosure is required by state or federal law or other judicial or administrative proceeding.

**Judicial or Administrative Proceeding.** In certain limited situations, CCABA may use or disclose your child's PHI in response to valid judicial or administrative orders, orders of the court, and in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement.** In accordance with state and federal law, CCABA may disclose your child's PHI for law enforcement purposes. For example, CCABA may disclose your child's PHI as necessary to comply with laws that require reporting of certain types of wounds or other physical injuries.

**Abuse or Neglect.** CCABA may disclose your child's PHI to appropriate authorities if CCABA reasonably believes that your child is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. CCABA may disclose your child's PHI to the extent necessary to avert a serious threat to your child's health or safety or the health or safety of others. CCABA will often inform you of the disclosure

unless doing so would cause a risk of harm or we reasonably believe that you may be responsible for the abuse, neglect, or other injury and that informing you would not be in the best interest of your child.

**Serious Threat to Health or Safety.** CCABA may disclose your child’s PHI, consistent with applicable law and standards of ethical conduct, if necessary to prevent or lessen a serious threat to health and safety. For example, the CCABA professional responsible for your child’s care may disclose your child’s PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public in general.

**Public Health Oversight Activities.** Where authorized under state and federal law, CCABA may disclose your child’s PHI for health care oversight activities. For example, CCABA may disclose your child’s PHI to a health oversight agency for such activities as audits, investigations (civil, administrative, or criminal), inspections, licensure, or other activities necessary for appropriate health care oversight.

**Coroners, Funeral Directors, and Organ Donation.** Where permitted under state and federal law, CCABA may disclose your child’s PHI to a coroner or medical examiner for the purpose of identifying your child should your child die, identifying the cause of death, or performing other activities authorized by law. CCABA may also disclose your child’s PHI to a funeral director, as authorized by state and federal law, in order to permit the funeral director to carry out his or her duties. Your child’s PHI may also be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

**National Security and Intelligence Activities.** CCABA may disclose your child’s PHI to federal officials for the conduct of intelligence, counter-intelligence, and national security activities authorized by law.

**Uses and disclosures that require your written authorization:**

Except for the general categories of uses and disclosures of your child’s PHI for treatment, payment, and health care operations and other special situations described above, CCABA must obtain your written authorization in order to use or disclose your child’s PHI. CCABA shall be required to obtain your written authorization prior to the use or disclosure of your child’s PHI (i) for marketing purposes, except if the communication is in the form of a face-to-face communication made by CCABA to you or in the form of a promotional gift of nominal value provided by CCABA, or (ii) in connection with the sale of your child’s health information.

You may cancel an authorization whenever you choose as long as your withdrawal is in writing. If you cancel your authorization, CCABA will no longer use or disclose your child’s PHI for the reasons indicated in the authorization. You understand that CCABA is unable to take back any disclosures already made prior to your cancellation. Uses and disclosures related to your child’s PHI not described in this notice will be made only after your authorization is obtained.

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**PATIENT RIGHTS**

**When it comes to your child’s PHI, you have certain rights. This section explains your rights and some of CCABA’s responsibilities.**

**Right to Inspect and Copy.** You have the right to look at or get copies of your child’s PHI, with limited exceptions, for as long as the information remains in our records. In addition, you have the right to request an amendment to your health information. Any requests to inspect or copy your child’s PHI must be provided to CCABA in writing. CCABA may charge a reasonable, cost-based fee for the costs of copying, mailing, and/or other supplies associated with your request.

**Right to an Accounting of Disclosures.** You may have the right to receive a list of instances in which your child's PHI was disclosed for purposes other than treatment or certain other activities for the six (6) year period prior to the date of your written request. CCABA will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked CCABA to make). CCABA will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another accounting within twelve (12) months.

**Right to Request Restrictions.** You may request, in writing, that we place additional restrictions on our use or disclosure of your child's PHI. CCABA is not required to agree to these additional restrictions, but if CCABA does, it will abide by any such agreement (except in an emergency).

**Right to Amend.** You may request that CCABA amend your child's PHI. Your request must be in writing, and it must explain why the information should be amended. CCABA may deny your request under certain circumstances.

**Right to Breach Notification.** CCABA will investigate any discovered unauthorized use or disclosure of your child's unsecured PHI to determine if it constitutes a breach of the federal privacy or security regulations. If CCABA determines that a breach has occurred, we will notify you of the breach and advise you of what we intend to do to mitigate the damage (if any) caused by the breach.

**Right to Request Confidential Communications.** You have the right to request that CCABA communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that CCABA only contact you at work or by mail, or at another mailing address other than your home address. CCABA will accommodate all reasonable requests. CCABA will not ask you the reason for your request. To request confidential communications, make your request in writing to the contact person identified below and specify how or where you wish to be contacted.

**Right to Request Alternative Communication.** You may request, in writing, that CCABA communicate with you about your child's PHI by alternative means or to alternative locations. CCABA will accommodate reasonable requests.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice or any revised notice, even if you have agreed to receive the notice electronically. To obtain a paper copy of this notice, please submit a request in writing to the contact person identified below. CCABA will provide you with a copy of the notice promptly in response to your request.

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## QUESTIONS AND COMPLAINTS

If you want more information about CCABA's privacy practices or have questions or concerns, please contact us.

If you are concerned that CCABA may have violated your privacy rights, or you disagree with a decision CCABA made about access to your child's PHI or in response to a request you made to amend or restrict the use or disclosure of your child's PHI or to have CCABA communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of the notice. You may also file a complaint with the U.S. Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington D.C. 20201, calling 877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You may also contact Disability Rights of NC at 919-856-2195 or at [www.disabilityrightsn.org](http://www.disabilityrightsn.org), as well as your insurance company. If you need the contact number for your MCO, please reach out to CCABA's main office at 919-371-2848 or [info@carolinacenterforaba.com](mailto:info@carolinacenterforaba.com).

CCABA supports your right to the privacy of your child's PHI. CCABA will not retaliate in any way if you choose to file a complaint with CCABA or with the U.S. Department of Health and Human Services.

You can complain if you feel CCABA has violated your right by contacting us:

Contact Person Name: Brandon Garcilazo  
Contact Phone Number: (919) 371-2848  
Contact Email: [brandon@carolinacenterforaba.com](mailto:brandon@carolinacenterforaba.com)  
Contact Address: 111 Mackenan Drive  
Cary, NC 27511