

CENTRAL TEXAS AUTISM CENTER (CTAC)

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.

CTAC uses health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of CTAC.

HOW CTAC MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

For Treatment. CTAC may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a behavioral health analyst or other person providing services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions take by them in the course of your treatment and note how you respond to the actions.

For Payment. CTAC may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations. CTAC may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the staff, risk or quality improvement personnel, and others to:

- evaluate the performance of our staff;
- assess the quality of care and outcomes in your cases and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care we provide.

Appointments. CTAC may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Patient Photo. CTAC may request that a digital image is taken of you and retained in your record for identification purposes.

Required by law. CTAC may use and disclose information about you as required by law. For example, CTAC may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties;

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents. Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Research. CTAC may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions. Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Other uses. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent CTAC has taken action in reliance on such.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your health information:

- **Right to request restriction.** You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request.
- **Right to inspect and copy.** You have the right to review and obtain a copy of your health record for which we may charge a fee for copying and/or mailing.
- **Right to request amendment.** If you believe that the health information we have about you is incorrect or incomplete, you may request in writing that the record be amended however, CTAC is not required to accept the amendment.
- **Right to confidential communications.** You may request communication of your health information by alternative means or at alternative locations but you must tell us how or where you wish to be contacted.
- **Right to accounting of disclosures.** You may request a list of the disclosures of our health information that have been made to persons or entities for disclosures unrelated to health care treatment, payment or operations.
- **Right to a copy of this notice.** You may request a paper copy of this Notice at any time.

OBLIGATIONS OF CTAC

CTAC is required by law to:

- maintain the privacy of protected health information;
- provide you with this notice of its legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and CTAC reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by written request.

COMPLAINTS

If you believe your privacy rights have been violated you may file a complaint with:

Central Texas Autism Center
Privacy Officer
3006 Bee Cave Road
Suite B-200
Austin, TX 78746
512-328-5585

Office for Civil Rights
U.S. Department of Health and Human Service
Office for Civil Rights, Region VI
1301 Young Street, Suite 1169
Dallas, TX 75202
214-767-4056

You will not be retaliated against for filing a complaint.

CENTRAL TEXAS AUSTISM CENTER (CTAC)
Acknowledgement of Receipt of "Patient Notice of Privacy Rights"

I acknowledge the receipt of a copy of the "Notice of Privacy Practices" from Central Texas Autism Center.

Client or Parent/Guardian Printed Name

Client or Parent/Guardian Signature

Relationship to Client

CTAC STAFF ONLY

Documentation of Attempt to Obtain Acknowledgement of Receipt of Notice of Privacy Practices

The acknowledgement was **not** obtained because:

- The client refused to sign the acknowledgement
- The client was undergoing emergency treatment
- Other: _____

CTAC Signature

Date