



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.

The Southwest Autism Research and Resource Center (SARRC) is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

This Notice describes how Southwest Autism Research and Resource Center (SARRC) may use and disclose your protected health information (PHI). It also describes our legal obligations concerning your PHI and your rights to access and control your PHI. This Notice was prepared in accordance with the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA Privacy Regulations"), as revised.

PHI is individually identifiable health information, including actual medical information as well as your name, address, phone number, identification number or other identifiers, collected from you or created by or received by a health care provider, a health plan, your employer, or a health care clearinghouse and that relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present, or future payment for health care provided to you.

We are required by law to maintain the privacy of your PHI. We are obligated to provide you with a copy of this Notice and we must abide by the terms of this Notice. We reserve the right to change this Notice at any time. If we make a material change to our Notice, we will post a revised Notice on the SARRC website, www.autismcenter.org. We will provide you a copy of the revised Notice, or information about the changes and how to obtain the revised Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Treatment

We may disclose your PHI to other health care professionals within our practice for the purpose of treatment, payment or healthcare operations. (example)

"On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with the Southwest Autism Research and Resource Center (SARRC)."

Payment

We may disclose your PHI to your insurance provider for the purpose of payment of health care operations. (example)

"As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to the Southwest Autism Research and Resource Center (SARRC) for the health care services rendered. If you pay for your health care services personally, we will as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received."

Workers Compensation

We may disclose your PHI as necessary to comply with State Workers Compensation Laws.

Business Associates

We contract with individuals and entities (business associates) to perform various functions on our behalf which involve the use and/or disclosure of PHI. Business associates must agree in writing to appropriately safeguard your information: For example, we may disclose your PHI to a business associate to manage our insurance claims processing system.

Potential Impact of State Law

In some situations, the HIPAA Privacy Regulations do not take the place of state privacy or other laws that provide individuals greater privacy protections. As a result, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For example, certain information regarding HIV or AIDS and communicable diseases may be subject to additional restrictions.

Disclosures based on Your Authorization

We must disclose your PHI to you as described in the Individual Rights section of this Notice. Additionally, you may give us written authorization to use your PHI or to disclose it to anyone for any purpose. We will disclose your PHI to an individual you designate as your personal representative and who has qualified for such designation in accordance with relevant state law. However, we may elect not to treat the person as your personal representative if we have a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person, treating such person as your personal representative could endanger you, or we determine, in the exercise of our professional judgment, that it is not in your best interest to treat the person as your personal representative.

Abuse or Neglect

We may disclose your PHI to appropriate authorities that are authorized to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, we may disclose your information to a governmental entity authorized to receive such information if we believe that you have been a victim of abuse, neglect, or domestic violence.

Emergencies

We may discuss your PHI to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your PHI to public health authorities for purpose related to: preventing or controlling disease, injury or disability, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your PHI in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation

We may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

Health Oversight Activities

We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities may include monitoring, audits, investigations, inspections, and licensure.

Research

We may disclose your PHI to researchers when an Institutional Review Board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the information, and approved the research, or as part of a limited data set which includes no unique identifiers (information such as name, address, identification number, etc. that can identify you).

We will not use or disclose any of your genetic information for research or program purposes as defined by law.

To Prevent a Serious Threat to Health or Safety

We may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security, Protective Services

Under certain conditions, we may disclose your PHI if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose, in certain circumstances, your information to the foreign military authority. We also may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

Disclosure to the Secretary of the U.S. Department of Health and Human Services

We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulations.

Marketing

Unless permitted by law, we will not sell your information to a third party to use your PHI for marketing purposes without your permission.

We may contact you for marketing purposes or fundraising purposes, as described below:

(Example)

"As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment."

"It is our practice to participate in charitable events to raise awareness, gifts, money, etc. During these time, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of the Southwest Autism Research and Resource Center (SARRC) sponsored fund-raising events."

Other Uses and Disclosures of Your Protected Health Information (PHI)

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we already have used or disclosed, relying on the authorization.

Tours

SARRC routinely conducts tours for families interested in SARRC's services, potential donors, community leaders, and other interested parties in an effort to educate the public about autism spectrum disorders and related interventions and research. Tour guides refer to our clients and families in general terms and they do not identify clients/families by name

Change of Ownership

In the event that the Southwest Autism Research and Resource Center (SARRC) is sold or merged with another organization, your health information/ record will become the property of the new owner.

Your Protected Health Information (PHI) Rights

- You have the right to request restrictions on certain uses and disclosures of your PHI Please be advised, however, that the Southwest Autism Research and Resource Center (SARRC) is not required to agree to the restriction that you requested.
- You have the right to have your PHI received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your PHI.
- You have a right to request that the Southwest Autism Research and Resource Center (SARRC) amend your PHI. Please be advised, however, that The Southwest Autism Research and Resource Center (SARRC) is not required to agree to amend your PHI. If your request to amend your PHI has been denied, you will be provided with an explanation of your denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your PHI made by The Southwest Autism Research and Resource Center (SARRC).
- You have the right to be notified if your unsecured PHI was inappropriately accessed or disclosed by us, except when there is a low probability that the information has been compromised.
- You have a right to receive a paper copy of this Notice of Privacy Practices and/or an electronic copy by email at any time upon request.

Changes to this Notice of Privacy Practices

The Southwest Autism Research and Resource Center (SARRC) reserves the right to amend this Notice of Privacy Practice at any time in the future and will make the new provisions effective for all information that it maintains. Until such amendment is made, The Southwest Autism Research and Resource Center (SARRC) is required by law to comply with this Notice.

The Southwest Autism Research and Resource Center (SARRC) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have any questions about any part of this notice or if you want more information about your privacy rights, please contact the Compliance Department at 602-340-8717.

Complaints

Complaints about your Privacy Rights or how The Southwest Autism Research and Resource Center (SARRC) has handled your health information should be directed to the Compliance Department by calling this office at 602-340-8717.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

Centralized Case Management Operations
U.S Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

Under the Americans with Disabilities Act, SARRC must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, SARRC must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that SARRC will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. Please contact: SARRC (602) 340-8717.