

**This notice is required by federal law**

**AUTISM & BEHAVIORAL SUPPORT CENTER, INC.**

**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.**

This Notice of Privacy Practices is a description of how the Autism & Behavioral Support Center, Inc. may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes permitted or required by law. This Notice also describes your rights to access and control your protected health information. "Protected health information" is information about you that may identify you and relates to your past, present, or future physical or mental health or condition and related care services.

The Autism & Behavioral Support Center, Inc. is required to abide by the terms of the Notice of Privacy Practices and may change the terms of this Notice at any time. The new Notice would be effective for all protected health information maintained by the Autism & Behavioral Support Center, Inc. at that time.

**I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

*A. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION*

Here are some examples of the types of uses and disclosures of your protected health care information that the Autism & Behavioral Support Center, Inc. is permitted to make.

(1) Treatment: The Autism & Behavioral Support Center, Inc. will use and disclose your protected health information to provide, coordinate, or manage your care and any related services, including the coordination or management of your care with a third party that has already obtained your permission to have access to your protected health information. For example, the Autism & Behavioral Support Center, Inc. would disclose your protected health information to a home health agency that provides care to you.

(2) Payment: Your protected health information may be used to obtain payment for your care services. This may include making a determination of eligibility or coverage for insurance benefits, reviewing medical services provided, or undertaking utilization review activities.

(3) Health Care Operations: The Autism & Behavioral Support Center, Inc. may use or disclose your protected health information in order to support its business activities, i.e., quality assessment, employee reviews, training, etc.

*B. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON WRITTEN AUTHORIZATION*

Your protected health information may be released for other purposes only with your written authorization. Please note that this authorization can be revoked by you at any time by notifying the Autism & Behavioral Support Center, Inc. Privacy Officer in writing.

*C. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT*

The Autism & Behavioral Support Center, Inc. may use or disclose your protected health information without your consent or authorization as required by law. These situations could include the use or disclosure of your protected health information for the following situations:

- (1) Public health activities;
- (2) Communicable diseases;
- (3) Investigations by a health oversight agency;
- (4) Abuse, neglect, or domestic violence;
- (5) Food and Drug Administration product testing;
- (6) Legal proceedings;
- (7) Law enforcement purposes;
- (8) Identification purposes for coroners, funeral directors, and organ donations;
- (9) Research;
- (10) Requests from law enforcement authorities in attempts to prevent criminal activity;
- (11) Military activity and national security;
- (12) Workers' compensation and other legally established programs; and
- (13) Provision of care to inmates of correctional facilities.

The Autism & Behavioral Support Center, Inc. must make disclosures to you under the law when required by the Secretary of the Department of Health and Human Services to investigate or determine the Autism & Behavioral Support Center, Inc.'s compliance with the requirements of Applicability (see Section 164.500 et seq.).

## II. YOUR RIGHTS

You have the right to inspect and copy your protected health information contained in your Autism & Behavioral Support Center, Inc. record for as long as the Autism & Behavioral Support Center, Inc. maintains that protected health information.

For example, under federal law, you may not inspect or copy psychotherapy notes, preparatory notes for court proceedings, etc. However, under certain circumstances, the denial may be reviewed. Please contact the Autism & Behavioral Support Center, Inc. Privacy Officer should you have any questions regarding access to your health record.

You have the right to request a restriction of your protected health information. This request must state the specific restriction requested and to whom you want the restriction to apply.

The Autism & Behavioral Support Center, Inc. is not required to agree to a restriction that you may request if the Autism & Behavioral Support Center, Inc. believes that it is in your best interest to permit the use and disclosure of your protected health information.

The Autism & Behavioral Support Center, Inc. will accommodate all reasonable requests for the release of your protected health information, including all reasonable requests for confidential communication. Such requests should be made in writing to the Autism & Behavioral Support Center, Inc. Privacy Officer.

You may have the right to have the Autism & Behavioral Support Center, Inc. amend your protected health information. However, the Autism & Behavioral Support Center, Inc. may deny such a request. Such requests should be made in writing to the Autism & Behavioral Support Center, Inc. Privacy Officer.

You have the right to receive an accounting of certain disclosures that the Autism & Behavioral Support Center, Inc. has made, if any, of your protected health information. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. Please direct your questions to the Autism & Behavioral Support Center, Inc. Privacy Officer.

Upon a request made to the Autism & Behavioral Support Center, Inc. Privacy Officer, you may receive a copy of this Notice electronically.

Should you believe your privacy rights have been violated by the Autism & Behavioral Support Center, Inc., you may file a complaint in writing to:

Autism & Behavioral Support Center, Inc.

Attention: Privacy Officer

1270 Doris Road

Auburn Hills, Michigan 48326

PHONE (248) 276-8086 FAX (248) 276-9280 TTY/TDD (248) 276-8009 E-MAIL [thomas.brown@morcinc.org](mailto:thomas.brown@morcinc.org)

U.S. Department of Health and Human Services

Region V, Office for Civil Rights

233 North Michigan Avenue, Suite 240

Chicago, Illinois 60601

PHONE (312) 886-2359 FAX (312) 886-1807 TTY/TDD (312) 353-5693 E-MAIL [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)

The Autism & Behavioral Support Center, Inc. will not retaliate against you for filing a complaint.

This notice was published and becomes effective on July 30, 2007. Privacy Officer contact information was revised and becomes effective on July 30, 2007.

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Signature of Parent or Guardian

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Date