



*Improving children's lives through behavior analysis*

## **ORL's HIPAA Notice of Privacy Practices**

*First Effective Date: December 2018*

*Last Reviewed Date: February 2021*

**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.**

If you have any questions about this notice, please contact:

**Organization for Research and Learning, Inc.**

**3815 S Othello Street**

**Suite 100, Box 361**

**Seattle, WA 98118**

### **OUR OBLIGATIONS:**

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

The following describes the ways we may use and disclose health information that identifies you or your child (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice’s Privacy Officer. ORL’s Privacy Officer is Michael Fabrizio and he may be reached at [michael.fabrizio@o4rl.com](mailto:michael.fabrizio@o4rl.com).

**For Treatment.** We may use and disclose Health Information for your child’s treatment and to provide your child with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your child’s medical care and need the information to provide your child with medical care.

**For Payment.** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services your child received. For example, we may give your health plan information about your child so that they will pay for your child’s treatment.

**For Health Care Operations.** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the behavior analytic care your child receives is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**For Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that your child has an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

### **With Individuals Involved in Your Child’s Care or Payment for Your Child’s Care.**

When appropriate, we may share Health Information with a person who is involved in your child’s medical care or payment for your child’s care, such as your family or a close friend. We also may notify your family about your child’s location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**For Research.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

## **SPECIAL SITUATIONS:**

**As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**To Our Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract with them. All of our business associates sign confidentiality agreements with us to help protect your child's Health Information.

**To Military Command Authorities.** If you are a member of the armed forces, we may release Health Information about your child as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**For Workers' Compensation Purposes.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**For Public Health Activities.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**To Health Oversight Activities.** We may disclose Health Information to a health oversight agency such as Washington State's Department of Health or Division of Behavioral Health and Recovery for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**For Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your child's Health Information.

**For Lawsuits and Other Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**To Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**To Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

**For National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**To Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

## **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT**

**To Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person whom you identify, Protected Health Information about you or your child that directly relates to that person's involvement in your child's health care. If you are unable to agree to such a disclosure or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your child's best interest based on our professional judgment.

**For Disaster Relief.** We may disclose your child's Protected Health Information to disaster relief organizations that seek your child's Protected Health Information to coordinate your child's care, or notify family and friends of your child's location or

condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your child's Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your child's Protected Health Information

Other uses and disclosures of your child's Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **YOUR RIGHTS:**

You have the following rights regarding Health Information we have about your child:

**Your Right to Inspect and Copy.** You have a right to inspect and copy Health Information that may be used to make decisions about your child's care or payment for your child's care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to ORL at the address listed above or directly to ORL's Privacy Officer, Michael Fabrizio. You can reach Michael at [michael.fabrizio@o4rl.com](mailto:michael.fabrizio@o4rl.com).

We have up to 30 days to make your child's Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.

We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Your Right to an Electronic Copy of Electronic Medical Records.** If your child's Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an

electronic copy of your child's record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your child's Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Your Right to Get Notice of a Breach.** You have the right to be notified if there is a breach of any of your child's Protected Health Information.

**Your Right to Amend.** If you feel that the Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing. To make your request, please use the Request That ORL Change Information in Your Child's Record that is available to you on the Clients' page of ORL's website ([www.o4rl.com/clients](http://www.o4rl.com/clients)).

**Your Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of your child's Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to ORL at the address listed above.

**Your Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your child's care or the payment for your care, like a family member or friend.

For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to O.R.L. You can make your written request by using the form entitled, "Request that ORL Restrict the Use or Disclosure of Information It Creates and Maintains About Your Child" and you can find that form on the Clients' page of ORL's website ([www.o4rl.com/clients](http://www.o4rl.com/clients))

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your child's PHI to a health insurance plan for payment or health care operation purposes and such information you wish to restrict relates only to a health care service for which you have paid us "out-of-pocket" in full. If we agree to your request that we restrict use of disclosure of certain PHI, we will comply with that request unless the information is needed to provide you with emergency treatment.

**Your Right to Request Confidential Communications.** You have the right to request that we communicate with you about your child's medical matters in a certain way or at a

certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the address listed above. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Your Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy if you'd like one. You may obtain a copy of this notice at our web site, [www.o4rl.com](http://www.o4rl.com). To obtain a paper copy of this notice, please contact us at the address listed above.

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, please complete our "HIPAA Privacy or Security Complaint Form" which you can find on the Clients' page of ORL's website ([www.o4rl.com/clients](http://www.o4rl.com/clients)) All complaints must be made in writing. You will not be penalized for filing a complaint.