



Notice of Privacy Practice

Amaze ABA (referred to as "we" or "us") is committed to protecting the privacy and security of your medical information. This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI), as well as your rights and choices regarding your PHI. Please read this Notice carefully and retain a copy for your records.

1. HIPAA Compliance Statement

This Notice of Privacy Practices is provided to you in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations. It explains how your PHI may be used and disclosed, and how you can access and control your PHI.

2. Understanding Your Health Information

When you receive services from Amaze ABA, a record of your treatment will be created. This record may include your personal and medical information, diagnoses, treatment plans, and other related details. This information is important for several purposes, including planning your care, verifying services provided, improving public health, and obtaining approvals for future services.

Understanding the contents of your record will help ensure its accuracy, provide insights into who may access your information and why, and empower you to make informed decisions regarding disclosures to others.

3. Your Health Information Rights

As the owner of your PHI, you have certain rights regarding its use and disclosure. These include:

A. Right to Request a Restriction: You have the right to request restrictions on how we use and share your PHI. We may deny your request if it is unreasonable or would negatively impact your treatment.

B. Right to a Paper Copy of this Notice: You have the right to obtain a paper copy of this Notice upon request.

C. Right to Amend Your Health Information: If you believe that your PHI is incorrect or incomplete, you have the right to request amendments. We may deny your request under certain circumstances, for instance, if the information is accurate and complete or if it was not originated by Amaze ABA.

4. Health Care Insurance Providers

If we do not file insurance claims on your behalf, we can provide you with statements to submit to your insurance carrier. In some cases, your insurance carrier may require additional clinical information for reimbursement purposes. We will strive to disclose only the necessary minimum information. However, once the information is with your insurance carrier, we cannot control how they handle it.

5. Others We May Share Your Information With

In certain circumstances, we may be required by law to disclose your PHI without your authorization.

We are committed to maintaining the privacy and security of your PHI and will make reasonable efforts to ensure that your information is protected.



If you have any questions or concerns about this Notice or our privacy practices, please contact the administrative office at [insert contact information].

By signing below, you will acknowledge that you have received and read this Notice of Privacy Practices.

RECORDS

We will thoroughly review all testing results during our meetings with parents/guardians, ensuring ample opportunities for you to discuss and review the raw testing data with us. Subsequently, you will receive a comprehensive written report summarizing our findings. This report will include a detailed interpretation of individual testing outcomes, as well as our impressions derived from individual observations and consultations conducted as part of a comprehensive, individual behavioral evaluation. If requested, we will be pleased to provide you with a written summary of our impressions from other meetings, consultations, or observations as well. Please be assured that we will only share copies of reports or written summaries with others upon receiving your specific, written consent. Given the proprietary nature of testing materials, we will release raw testing data exclusively to other duly credentialed professionals, except where otherwise mandated by law.

Legal Proceedings In the event that you are involved in a court proceeding and a request is made for information regarding services we have rendered, we are unable to disclose any information without your explicit written authorization or a court order. However, it is important to note that a court order may require us to disclose information even when you would like to keep it private. In such cases, we will limit the disclosure to the minimum amount of information deemed acceptable. If you are currently involved in or considering litigation, we recommend consulting with your attorney to assess the likelihood of a court ordering us to disclose information. Additionally, in the event that a client files a complaint or lawsuit against any individual affiliated with Amaze ABA, we reserve the right to disclose any pertinent information regarding that client as needed.

CONFIDENTIALITY, RECORDS, AND RELEASE OF INFORMATION

Maintaining an environment of trust is paramount in delivering exceptional behavioral services. We at Amaze ABA uphold strict confidentiality standards, ensuring that all services remain confidential unless you grant us written authorization to disclose specific information to designated individuals. In addition, we may disclose information in specific circumstances according to guidelines set forth by Amaze ABA, Federal, state, and local law, and our professional code of conduct and ethics. These exceptions are elaborated below.

1. **To Protect the Client or Others from Harm:** If we have reason to believe that a minor, elderly person, or someone with a disability is being abused or similarly mistreated, we are obligated by federal and municipal law to report this information, as well as any additional details requested, to the appropriate state agency. Additionally, if we determine that a client poses a serious threat of harm to either themselves or others, we will take necessary protective actions, such as notifying the police and other emergency personnel, the intended victim, the parents of a minor, or other individuals who can provide protection or facilitate appropriate hospitalization.

2. **Professional Consultations:** Our Board-Certified Behavior Analysts and other professionals involved in providing ABA services engage in routine consultations with other professionals who are either working for or can otherwise assist your child. During these consultations, we make every effort to preserve client anonymity, and maintain confidentiality. Any consulting professionals are also bound by confidentiality and must refrain from disclosing the information shared with them. If you wish for us to discuss or release specific information to other professionals you are working with, you will need to sign an authorization specifying the information to be shared and the intended recipients.



3. Your Authorization for Other Uses of Protected Health Information: Amaze ABA will only use or disclose protected health information (excluding the circumstances described in this Notice or as required by law) with your written authorization. You may revoke this authorization in writing at any time. Once you choose to revoke your authorization, we will no longer use or disclose your protected health information for any purposes, including the purposes covered by the authorization, except in cases where we have already relied on the authorization and necessity requires us to still use the information.

Amaze ABA has a legal obligation to:

Preserve the confidentiality of your health information.

Furnish you with a notice delineating our legal duties and privacy practices regarding the collection, storage, and maintenance of your information.

Adhere to the terms and provisions set forth in this notice.

Notify you in a timely manner if we are unable to accommodate a requested restriction.

Promptly inform you in the event of a breach that may have jeopardized the privacy or security of your information.

This Notice is subject to revisions in the event of material changes to the uses or disclosures, individual rights, legal duties, or other privacy practices as outlined herein. Such changes shall directly impact the protected health information within our possession at the time of revision. Upon request, a revised copy of this notice will be provided to parents/legal guardians subsequent to the effective date of the revision.

UNLESS OTHERWISE STATED IN THIS NOTICE, YOUR AUTHORIZATION IS REQUIRED FOR ANY USE OR DISCLOSURE OF YOU/YOUR CHILD'S PROTECTED HEALTH INFORMATION.

For inquiries or additional information concerning this Notice or our privacy practices, please direct your communication to our office. Should you believe that your privacy rights have been infringed upon, you have the option to file a complaint at our service location either in person or via mail.

Consent

All information obtained shall remain strictly confidential and shall not be disclosed to any external entities. Prior to the provision of any services, it is imperative that the Agreement of Informed Consent and the HIPAA Privacy Policy, as outlined above, be thoroughly reviewed and executed.

By affixing your signature(s) within our intake packet, you acknowledge having read and reviewed the contents of this document and express your unequivocal agreement to be legally bound by its provisions. Furthermore, it confirms your receipt of the aforementioned HIPAA notice form, as described above.

Amaze ABA Patient Rights and Responsibilities

Policy Statement: Amaze ABA is committed to upholding patient rights and ensuring that our staff is aware of these rights. We value the dignity of each patient and acknowledge that no comprehensive list can guarantee the exact treatment a patient deserves. In addition to the rights outlined in this policy, we prioritize the patient's value and dignity throughout all aspects of their care. The following are the patients' rights and responsibilities: